2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 735485

Entity Name: HOPE BAPTIST CHURCH, INC.

Current Principal Place of Business:

826 REYNOLDS LANE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

826 REYNOLDS LANE
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-1439247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUBER, DALE
673 CAMP MILTON LANE
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MCANALLEN, DARLENE G
Address: 44078 MEADOW BLESSING LANE
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: MCANALLEN, TOM
Address: 44078 MEADOW BLESSING LANE
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: MCANALLEN, TIMOTHY
Address: 44078 MEADOW BLESSING LANE
City-St-Zip: CALLAHAN, FL 32011 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: NELSON, TIMOTHY R
Address: 8458 THIMS AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE MCANALLEN T 03/26/2009

Electronic Signature of Signing Officer or Director — Date