2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749827

FILED Apr 14, 2009 Secretary of State

Entity Name: THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
5604 N. NEBRASKA AVE. TAMPA, FL 33604 US			816 E. GENE TAMPA, FL 3			
Current Mailing Address:			New Mailing	New Mailing Address:		
1711 E. GIDDENS AVE. TAMPA, FL 33610				PO BOX 310387 TAMPA, FL 33680 US		
FEI Number	r: 59-1950256	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and A	ddress of New Registered Agent:		
JOHNSON, ROSEMARY C 1711 E. GIDDENS AVE. TAMPA, FL 33610 US			1711 E. GIĎD	JOHNSON, ROSEMARY C DR 1711 E. GIDDENS AVE. TAMPA, FL 33610 US		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its	registered office or registered agent, or both,		
SIGNATU	RE: DR. ROS	SEMARY C. JOHNSON		04/14/2009		
	Electro	nic Signature of Registered Age	nt	Date		
OFFICER	S AND DIREC	TORS:	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	•		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	STD (HARRISON, JO 2707 E 23RD A TAMPA, FL 33	\VE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D (JOHNSON, JEI 1711 E GIDDE TAMPA, FL 33	NS AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BROWN, K JO	WOOD AVENUE	Name: B Address: 1	D (X) Change () Addition BROWN, K JOSEPH DR 8510 OTTERWOOD AVENUE FAMPA, FL 336471833		
	_	\ Dalata	Title:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (KING, KATHER 1301 E LAFAY DETROIT, MI	ETTE #417	Name: Address: City-St-Zip:	() Onlinge () Manaon		

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: DR. ROSEMARY C. JOHNSON PRES 04/14/2009