2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F08000005397

Entity Name: CELEBRATION OF HOPE, INC. (OF KENTUCKY)

Current Principal Place of Business:

190 S. ROSCOE BLVD.
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3198
PONTE VEDRA BCH, FL 32004

New Mailing Address:

FEI Number: 61-1265315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARNKE, SUSAN
190 S. ROSCOE BLVD.
PONTE VEDRA BCH, FL 32082 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: CP ( ) Delete
Name: HALE, ROBERT V DR.
Address: 4016 BROOKWATER CT.
City-St-Zip: LEXINGTON, KY 40515

Title: DV ( ) Delete
Name: DUPAPE, GARY
Address: 1450 TANGLEWOOD DR.
City-St-Zip: CORONA, CA 92882

Title: D ( ) Delete
Name: MORGAN, RICHARD
Address: P. O. BOX 506
City-St-Zip: HARRODSBURG, KY 40330

Title: STD ( ) Delete
Name: WARNKE, SUSAN
Address: P. O. BOX 3198
City-St-Zip: PONTE VEDRA BCH, FL 32004

Title: D ( ) Delete
Name: WARNKE, MICHAEL
Address: P. O. BOX 3198
City-St-Zip: PONTE VEDRA BCH, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MORGAN, RICHARD
Address: 4600 HWY 235
City-St-Zip: NANCY, KY 42544

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

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

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: SUSAN WARNKE STD 04/15/2009

Electronic Signature of Signing Officer or Director — Date