

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002392

FILED
Apr 10, 2012
Secretary of State

Entity Name: CENTER FOR HOPE MINISTRIES, INC.

Current Principal Place of Business:

4203 SPAFFORD AVE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4203 SPAFFORD AVE
WEST PALM BEACH, FL 33409

New Mailing Address:

P.O. BOX 221674
WEST PALM BEACH, FL 33422

FEI Number: 62-1805117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOT, LISA
4203 SPAFFORD AVE
WEST PALM BEACH, FL 33409 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
Name: ELLIOT, LISA
Address: 4203 SPAFFORD AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP
Name: SUTTON, KRISTIE
Address: 120 FREEDOM WAY
City-St-Zip: NEWPORT, TN 37821

Title: S
Name: MCCOY, EDDIE
Address: 3837 CALAFORD DR
City-St-Zip: KNOXVILLE, TN 37918

Title: VC
Name: WHITEHEAD, ROGER
Address: 136 KEYLEE LANE
City-St-Zip: MARYVILLE, TN 37804

Title: D
Name: GLASS, CHAROLETTE
Address: OLD MARYVILLE PARKWAY
City-St-Zip: MARYVILLE, TN 37804

Title: D
Name: HOGAN, ERVIN
Address: 1326 W.26CT
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby 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 all other like empowered.

SIGNATURE: LISA ELIOTT

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date