2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N00000007613

Entity Name: HAVEN OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

11224 82ND AVENUE NORTH #209
SEMINOLE, FL 33772

New Principal Place of Business:

11224 82ND AVENUE NORTH
#209
SEMINOLE, FL 33772 US

Current Mailing Address:

P.O. BOX 3164
SEMINOLE, FL 33775

New Mailing Address:

P.O. BOX 3164
SEMINOLE, FL 33775 US

FEI Number: 59-3684652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUNLEY, SHIRLEY A
11224 82ND AVENUE NORTH #209
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

BROUNLEY, SHIRLEY A
11224 82ND AVENUE NORTH
#209
SEMINOLE, FL 33772 US

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: _____ 01/18/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: BAILEY, PRESTON T JR
Address: 10177 SAILWINDS BLVD. S. #J206
City-St-Zip: LARGO, FL 33773

Title: PD ( ) Delete
Name: BROUNLEY, SHIRLEY A
Address: 11224 82ND AVE N #209
City-St-Zip: SEMINOLE, FL 33772

Title: STD ( ) Delete
Name: ROBART, CYNTHIA H
Address: 11226 82ND AVE N #104
City-St-Zip: SEMINOLE, FL 33772

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:

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: SHIRLEY A BROUNLEY PD 01/18/2008
Electronic Signature of Signing Officer or Director — Date