

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007481

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOPE MINISTRY CENTER INC. CHURCH OF GOD

Current Principal Place of Business:

P.O.BOX 2042
OKEECHOBEE, FL 34973

New Principal Place of Business:

1465 NE 10TH ST
OKEECHOBEE, FL 34972

Current Mailing Address:

P.O.BOX 2042
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 65-1155432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KENNETH E
4586 47TH CT
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

WILLIAMS, KENNETH E
4586 47TH CT
VERO BEACH, FL 32967 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:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, KENNETH E
Address: 4586 47 CT
City-St-Zip: VERO BCH, FL 32967

Title: DV () Delete
Name: MANNINGS, WILBER SR
Address: 3876 47 ST
City-St-Zip: VERO BCH, FL 32967

Title: DS () Delete
Name: GARNER, SHEILA
Address: 4932 SE 42 ST
City-St-Zip: OKEECHOBEE, FL 34973

Title: DT (X) Delete
Name: LEACH, JAMES
Address: 922 NW 10 ST
City-St-Zip: OKEECHOBEE, FL 34972

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: () 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: SHEILA GARNER

DS

04/21/2009

Electronic Signature of Signing Officer or Director

Date