2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# N02000003468

Entity Name: SOURCE OF HOPE, INC.

Current Principal Place of Business:

109 AZALEA CIRCLE
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

109 AZALEA CIRCLE
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 04-3676283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOLWINE, CHARLES C
109 AZALEA CIRCLE
VALPARAISO, FL 32580 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: D ( ) Delete
Name: WOOLWINE, CHARLES C
Address: 109 AZALEA CIRCLE
City-St-Zip: VALPARAISO, FL 32580

Title: V ( ) Delete
Name: WOOLWINE, ROSEMARY A
Address: 109 AZALEA CIRCLE
City-St-Zip: VALPARAISO, FL 32580

Title: D ( ) Delete
Name: HILL, ROGER D
Address: 17213 PONT LOOKOUT RD
City-St-Zip: ST MARY'S CITY, MD 20686

Title: D ( ) Delete
Name: HILL, DIANA M
Address: 17213 N POINT LOOKOUT RD
City-St-Zip: ST MARY'S CITY, MD 20686

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES C. WOOLWINE D 01/29/2004

Electronic Signature of Signing Officer or Director — Date