

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 04, 2010**  
**Secretary of State**

DOCUMENT# N02000005605

**Entity Name:** ONE HOPE UNITED - FLORIDA REGION INC.**Current Principal Place of Business:**10720 CARIBBEAN BLVD  
SUITE 500  
CUTLER BAY, FL 33189 US**New Principal Place of Business:****Current Mailing Address:**10720 CARIBBEAN BLVD  
SUITE 500  
CUTLER BAY, FL 33189 US**New Mailing Address:****FEI Number:** 54-2082539      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOSS, BARBARA D  
10720 CARIBBEAN BLVD., SUITE 500  
CUTLER BAY, FL 33189 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:** P  
**Name:** GILLIS, BILL A P/CEO  
**Address:** 111 E WACKER DR, SUITE 325  
**City-St-Zip:** CHICAGO, IL 60601 US**Title:** D  
**Name:** PINO, JORGE  
**Address:** 4000 PONCE DE LEON BLVD, STE 470  
**City-St-Zip:** CORAL GABLES, FL 33146 US**Title:** C  
**Name:** TOM, QUARLES  
**Address:** 150 FLAGLER ST, STE 2500  
**City-St-Zip:** MIAMI, FL 33130 US**Title:** D  
**Name:** CASILLAS, JAVIER  
**Address:** 1000 SOUTH POINTE DR., APT. 406  
**City-St-Zip:** MIAMI BEACH, FL 33139 US**Title:** D  
**Name:** OSTEEN, SANDRA  
**Address:** 10463 COUNTY ROAD  
**City-St-Zip:** OXFORD, FL 34484 US**Title:** D  
**Name:** BAKES, JUSTIN  
**Address:** 2665 S. BAYSHORE DRIVE., SUITE 901  
**City-St-Zip:** COCONUT GROVE, FL 33133

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: BARBARA D. MOSS

MS.

03/04/2010

Electronic Signature of Signing Officer or Director

Date