## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005605

FILED Jan 05, 2012 Secretary of State

Entity Name: ONE HOPE UNITED - FLORIDA REGION INC.

Current Principal Place of Business: New Principal Place of Business:

10720 CARIBBEAN BLVD 5405 DIPLOMAT CIRCLE

SUITE 500 SUITE 200

CUTLER BAY, FL 33189 US ORLANDO, FL 32810 US

Current Mailing Address: New Mailing Address:

10720 CARIBBEAN BLVD 5405 DIPLOMAT CIRCLE

SUITE 500 SUITE 200

CUTLER BAY, FL 33189 US ORLANDO, FL 32810 US

FEI Number: 54-2082539 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSS, BARBARA D
10720 CARIBBEAN BLVD., SUITE 500
CUTLER BAY, FL 33189 US
MOSS, BARBARA D
5405 DIPLOMAT CIRCLE
SUITE 200
ORLANDO, FL 32810 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: 01/05/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: GILLIS, BILL A P/CEO
Address: 111 E WACKER DR, SUITE 325

City-St-Zip: CHICAGO, IL 60601 US

Title: C

Name: QUARLES, TOM

Address: 5405 DIPLOMAT CIRCLE, SUITE 200

City-St-Zip: ORLANDO, FL 32810 US

Title: D

Name: OSTEEN, SANDRA

Address: 5405 DIPLOMAT CIRCLE, SUITE 200

City-St-Zip: ORLANDO, FL 32810 US

Title:

Name: BAKES, JUSTIN

Address: 5405 DIPLOMAT CIRCLE, SUITE 200

City-St-Zip: ORLANDO, FL 32810 US

Title:

Name: MOORE, DOYLE

Address: 5405 DIPLOMAT CIRCLE, SUITE 200

City-St-Zip: ORLANDO, FL 32810 US

Title: D

Name: REED, DEBORAH

Address: 5405 DIPLOMAT CIRCLE, SUITE 200

City-St-Zip: ORLANDO, FL 32810

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: BILL GILLIS P 01/05/2012