2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2009
Secretary of State

DOCUMENT# N02000006274

Entity Name: GREATER HOPE MINISTRIES INC.

Current Principal Place of Business:

1702 NORTH DAVIS STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1702 NORTH DAVIS STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, BRUCE E SR.
5519 KILKEE CT.
JACKSONVILLE, FL 32244 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: BRUCE E. COHEN SR.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: COHEN, BRUCE E SR
Address: 5519 KILKEE CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: COHEN, FAYE M
Address: 5519 KILKEE CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: COHEN, KEVIN D
Address: 5519 KILKEE CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: VALENTINE, ALPHONSO
Address: PO BOX 2861
City-St-Zip: JACKSONVILLE, FL 32203

Title: D ( ) Delete
Name: BROWN-FLOYD, VERA J
Address: 1076 MACKINAW ST.
City-St-Zip: JACKSONVILLE, FL 32254

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:

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: BRUCE E. COHEN SR. P.D. 10/20/2009
Electronic Signature of Signing Officer or Director — Date