2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006596

City-St-Zip:

MIMS, FL 32754

Entity Name: CITY OF HOPE MINISTRY INC

FILED Feb 03, 2009 Secretary of State

| y | | TIOI E WIII VIOTICI, II VO. | | | |
|---|---|-----------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | ST POWDERH LE, FL 32796 | ORN ROAD | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ST POWDERH LE, FL 32796 | ORN ROAD | | | |
| FEI Number | : 30-0111918 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 515 NORT TITUSVILL The above | GIFFORD M F TH WASHINGT LE, FL 32796 named entity e of Florida. | ON AVENUE US | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Age | | | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | RODNEY, GIF | DWDERHORN ROAD | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | RODNEY, SAD | DWDERHORN ROAD | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | SD (ROBERTS, NO ROCK PIT ROA TITUSVILLE, F | AD APT. 8C | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BLAKE, CARLI ROCK PIT ROA TITUS, FL 048 | AD APT. 11C | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | TD (BRYANT, BETT 2803 HICKORY | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: GIFFORD M. RODNEY P D 02/03/2009