

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007928

FILED
May 08, 2007
Secretary of State

Entity Name: BRIDGE OF HOPE TABERNACLE INC.

Current Principal Place of Business:

4244 MARINER
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

9264 NORTH CLIFF BLVD
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 71-0909133 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

TAYLOR, DWIGHT
9264 NORTH CLIFF BLVD
SPRING HILL, FL 34606 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, DWIGHT
Address: 9264 NORTH CLIFF BLVD
City-St-Zip: SPRING HILL, FL 34606

Title: STD () Delete
Name: TAYLOR, DIANA
Address: 9264 NORTH CLIFF BLVD
City-St-Zip: SPRING HILL, FL 34606

Title: TD () Delete
Name: GARNETT-ROBERTSON, JANICE S
Address: 2354 COMERWOOD DR.
City-St-Zip: SPRINGHILL, FL 34609

Title: TD () Delete
Name: PENE, EVA
Address: 1015 PETER AVE.
City-St-Zip: HUDSON, FL 34667

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 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: DWIGHT E TAYLOR

PD

05/08/2007

Electronic Signature of Signing Officer or Director

Date