2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N02000009008

Entity Name: THE STOREHOUSE MINISTRIES OF HOPE, INC.

Current Principal Place of Business:

3490 CREST LANE
MULBERRY, FL 33849

New Principal Place of Business:

Current Mailing Address:

PO BOX 326
KATHLEEN, FL 33849

New Mailing Address:

3490 CREST LANE
MULBERRY, FL 33849

FEI Number: 51-0433913 **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:

FAULK, KIM
3490 CREST LANE
MULBERRY, FL 33860 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: D ( ) Delete
Name: FAULK, KIM
Address: P.O. BOX 326
City-St-Zip: KATHLEEN, FL 33849

Title: D ( ) Delete
Name: FAULK, WILLIAM R
Address: P.O. BOX 326
City-St-Zip: KATHLEEN, FL 33849

Title: D ( ) Delete
Name: MAXWELL, KIMBERLY A
Address: 4030 HWY 60 EAST
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAULK, KIM
Address: 3490 CREST LANE
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change ( ) Addition
Name: FAULK, WILLIAM R
Address: 3490 CREST LANE
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change ( ) Addition
Name: HUTCHINSON, KIMBERLY A
Address: 3490 CREST LANE
City-St-Zip: MULBERRY, FL 33860

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: KIM FAULK D 05/18/2009
Electronic Signature of Signing Officer or Director — Date