2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N03000000252

Entity Name: CENTER OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

408 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

408 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 02-0665852 **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:

RODRIGUEZ, CLIFTON H CPA
3146 NW 68 ST, STE NO 1
FT LAUDERDALE, FL 333091206 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:	PCEO	( ) Delete
Name:	ELLIS, CAROLYN L	
Address:	163 S.W. FOURTH STREET	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	D	( ) Delete
Name:	HUNTLEY, SARAH	
Address:	163 S.W. FOURTH STREET	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	S	( ) Delete
Name:	ROOKS, CURLEY	
Address:	2321 NW 47 AVENUE	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	TD	( ) Delete
Name:	ANDERSON, CAROLYN	
Address:	2061 NW 47TH TERR, BLDG 17, APT 414	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	D	( ) Delete
Name:	REID, CYNTHIA	
Address:	1643 BW 11TH PLACE	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	VD	( ) Delete
Name:	GIBSON-ROOKS, MARCH	
Address:	2321 NW 47 AVENUE	
City-St-Zip:	LAUDERHILL, FL 33313	

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:	
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: CAROLYN L. ELLIS PCEO 05/01/2008

Electronic Signature of Signing Officer or Director — Date