

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000252

FILED  
Feb 06, 2009  
Secretary of State

**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 ( )**

**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

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date