

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000675

FILED  
Jan 31, 2008  
Secretary of State

**Entity Name:** HOPE OUTREACH MINISTRY FOR EVERY-1, INC.

**Current Principal Place of Business:**

2137 N. LIBERTY STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3272  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 41-2078326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OGDEN, MICHAEL  
175 EAST 7TH STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

HAMRICK, CLAY  
1112 CARLOTTA RD. W  
JACKSONVILLE, FL 32211 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: CLAY HAMRICK

01/31/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OGDEN, MICHAEL  
Address: 175 EAST 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VPD ( ) Delete  
Name: BREWER, JOHN R IV  
Address: 1755 SEMINOLE BEACH ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD ( ) Delete  
Name: HAMRICK, CLAY  
Address: 1112 W. CARLOTTA RD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: DURKEE, KEN  
Address: 4915 RIVERPOINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: SMITH, SEAN  
Address: 9088 AGINCOURT LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: SULZBACHER, SUSAN  
Address: 5467 GRAND CAYMAN RD  
City-St-Zip: JACKSONVILLE, FL 32226

**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: CLAY HAMRICK

TD

01/31/2008

Electronic Signature of Signing Officer or Director

Date