

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000675

FILED
Jan 05, 2012
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 322060272 US

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:

LOCKETT, ERIC V
12077 COBBLEWOOD LN. N.
JACKSONVILLE, FL 32225 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: PD
Name: OGDEN, MICHAEL
Address: 607A YORKTOWN PL
City-St-Zip: STATESBORO, GA 304617066

Title: VD
Name: LOCKETT, ERIC V
Address: 12077 COBBLEWOOD LN. N.
City-St-Zip: JACKSONVILLE, FL 322253743

Title: D
Name: DURKEE, KEN
Address: 4915 RIVER POINTE RD
City-St-Zip: JACKSONVILLE, FL 322072119

Title: D
Name: SMITH, SEAN
Address: 2930 BEAUCLERC RD
City-St-Zip: JACKSONVILLE, FL 322575606

Title: D
Name: SULZBACHER, SUSAN
Address: 5467 GRAND CAYMAN RD
City-St-Zip: JACKSONVILLE, FL 322262297

Title: TD
Name: HAMRICK, RUSSELL J
Address: 1820 ARDEN WAY
City-St-Zip: JACKSONVILLE BEACH, FL 322502902

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL J HAMRICK

TD

01/05/2012

Electronic Signature of Signing Officer or Director

Date