2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001069

FILED Mar 29, 2008 Secretary of State

Entity Name: BLESSED HOPE FOUNDATION OF NEWBERRY, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 253 NW 250TH STREET NEWBERRY, FL 32669 **Current Mailing Address: New Mailing Address:** P.O. BOX 205 P.O. BOX 722 NEWBERRY, FL 32669 NEWBERRY, FL 32669 FEI Number: 36-4519555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMSEY, ELLIE 24729 SW FIRST ROAD NEWBERRY, FL 32669 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P/D () Delete () Change () Addition MCKOY, EVELYN Name: Name: P.O. BOX 205 Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: VP/D () Delete Title: () Change () Addition Name: DUKE, MARILU S Name: Address: 20810 SW 46TH AVE. Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: S/D () Delete Title: () Change () Addition RAMSEY, ELLIE Name: Name: 24729 SW 1ST RD Address: Address: City-St-Zip: NEWBERRY, FL 32669 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: ELLIE RAMSEY S/D 03/29/2008