

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001069

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** BLESSED HOPE FOUNDATION OF NEWBERRY, FLORIDA, INC.

**Current Principal Place of Business:**

253 NW 250TH STREET  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 722  
NEWBERRY, FL 32669

**New Mailing Address:**

**FEI Number:** 36-4519555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKOY, EVELYN  
253 NW 250TH STREET  
NEWBERRY, FL 32669 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:** P/D  
**Name:** MCKOY, EVELYN  
**Address:** P.O. BOX 205  
**City-St-Zip:** NEWBERRY, FL 32669

**Title:** D  
**Name:** SPRINKLE, DONNA  
**Address:** 5102 NW 210TH STREET  
**City-St-Zip:** NEWBERRY, FL 32669

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:** EVELYN MCKOY

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date