

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001197

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CHRISTIAN PARTNERS OF HOPE, INC.

**Current Principal Place of Business:**

1535 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4580  
NORTH FORT MYERS, FL 33918

**New Mailing Address:**

**FEI Number:** 04-3745719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYERS, BERNARD V  
1535 NORTH TAMIAMI TRAIL  
NORTH FORT MYES, FL 33903 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: PB ( ) Delete  
Name: HOUGHTBY, CHARLES  
Address: 8 SWEET WILLIAM WAY  
City-St-Zip: LANGHORNE, PA 19047

Title: TREA ( ) Delete  
Name: KOPP, JOHN  
Address: 1535 NORTH TAMIAMI TRAIL  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SECT ( ) Delete  
Name: MURIN, BETSEY  
Address: 1423 31ST AVENUE  
City-St-Zip: GULFPORT, MS 33501

Title: MBR ( ) Delete  
Name: YATES, JONATHAN  
Address: 14227 CASCORA CT.  
City-St-Zip: SPRING HILL, FL 34609

Title: MBR ( ) Delete  
Name: MARKLE, DANIEL  
Address: 12082 SIESTA DR.  
City-St-Zip: FORT MYERS BEACH, FL 33931

**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:

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: VINCENT MYERS

DIR

04/29/2009

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

\_\_\_\_\_  
Date