

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002185

FILED
Apr 14, 2009
Secretary of State

Entity Name: CATHEDRAL OF HOPE MINISTRY, INC.

Current Principal Place of Business:

400 SOUTH SWINTON AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

100 NW 1 AVENUE
COMMUNITY CENTER BUILDING
DELRAY BEACH, FL 33444

Current Mailing Address:

121 SW 4 AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 13-4230304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, EL PAGNIER K.
230 N.W. 2ND AVENUE
DELRAY BEACH, FL 33444 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: DR. () Delete
Name: MCCANTS, ELLECIA R
Address: 4134 SOUTH WEBBER DRIVE
City-St-Zip: HOUSTON, TX 77584 US

Title: DR () Delete
Name: BARNHART, WILLIAM
Address: 1559 SOUTH CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MR. () Delete
Name: ELLISON, LARRY
Address: 4232 N.W. 25TH PLACE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: MR. () Delete
Name: HUDSON, WINSTON G
Address: 230 N.W. 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MRS. () Delete
Name: HUDSON, EL PAGNIER K
Address: 230 N.W. 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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: ELLECIA R MCCANTS

DR.

04/14/2009

Electronic Signature of Signing Officer or Director

Date