

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002753

FILED
May 04, 2009
Secretary of State

Entity Name: H.O.P.E.E MINISTRIES INC.

Current Principal Place of Business:

5059 GLEN ALAN CT
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

PO BOX 14851
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 02-0666741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OWENS, THELMA
866 S.W. NICHOLS TERRACE
PORT ST. LUCIE, FL 34953 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:

Title: P () Delete
Name: HOUSE, BEATRICE
Address: 5059 GLEN ALAN CT
City-St-Zip: JACKSONVILLE, FL 32210

Title: V () Delete
Name: HOUSE, WINFORD
Address: 5059 GLEN ALAN CT
City-St-Zip: JACKSONVILLE, FL 32210

Title: S/T () Delete
Name: LEE, NOEL
Address: 2138 WEST 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: BM () Delete
Name: JOHNSON, ROSE
Address: 592 MARTIN LUTHER KING JR. DR.
City-St-Zip: BALDWIN, FL 32234

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:

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: BEATRICE HOUSE

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date