2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002929

Title:

Name:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL HOPE FOUNDATION, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
114 E GREGORY ST PENSACOLA, FL 32501				114 E GREGORY ST PENSACOLA, FL 32502			
Current Mailing Address:				New Mailing Address:			
114 E GREGORY ST PENSACOLA, FL 32501				114 E GREGORY ST PENSACOLA, FL 32502			
FEI Number: 45-0510028 FI		FEI Number Applied For ()	FEI Numb	mber Not Applicable ()		Certificate	of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JENKINS, THOMAS R 114 E GREGORY ST PENSACOLA, FL 32501 US				JENKINS, THOMAS R 114 E GREGORY ST PENSACOLA, FL 32502 US			
The above in the State		ubmits this statement for the pu	irpose of c	changing its	s registered c	office or reg	istered agent, or both,
SIGNATURE: THOMAS R JENKINS				04/17/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E BOYD, LADON A 3970 MCCLELLA PENSACOLA, FL	N RD	N A	itle: lame: .ddress: city-St-Zip:	()) Change()	Addition
Title: Name: Address: City-St-Zip:	D () [WILLIAMSON, R 9519 BARRANGO PENSACOLA, FL	ON	N A	itle: lame: .ddress: city-St-Zip:	D (X WILLIAMSON, 9519 BARRANG PENSACOLA, F	GER	Addition
Title: Name: Address: City-St-Zip:	D () DICKENSON, WI 518 NAVY COVE GULF BREEZE,	BLVD	N A	itle: lame: .ddress: city-St-Zip:	D (X DICKERSON, V 518 NAVY COV GULF BREEZE	/E BLVD	Addition
Title: Name: Address: City-St-Zip:	D () [TALLMADY, JAM 10264 SUGAR C PENSACOLA, FL	REEK PL	N A	itle: lame: .ddress: :ity-St-Zip:	D (X TALLMAN, JAM 10264 SUGAR PENSACOLA, F	CREEK PL	Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS R JENKINS S 04/17/2009

() Delete

SEALES, WALTER E

10016 AUTUMN LANE

PENSACOLA, FL 32514

() Change () Addition