2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004589

FILED Jun 23, 2009 Secretary of State

Entity Name: HOPE UNITES UNITED CHURCH OF CHRIST METROPOLITAN COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 425 COLUMBIA ST ORLANDO, FL 328061007 US **Current Mailing Address: New Mailing Address:** PO BOX 608634 ORLANDO, FL 328608634 US FEI Number: 03-0519203 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: MACKEY, TAMMY 5019 LAKE HOWELL RD. WINTER PARK, FL 32792 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PATRICK, RUTH KOVACK, JOE Name: Name: 1262 STONEYWOOD WAY Address: 989 PIEDMONT OAKS LAKES Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: APOPKA, FL 32703 US Title: Title: (X) Delete () Change () Addition BRAID, PAM Name: Name: Address: 12035 SUMMER SPRINGS LAKES Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: Title: D, S (X) Delete Title: () Change () Addition GARCIA, ALLIE Name: Name: 6806 BELMAR DR. Address: Address: City-St-Zip: ORLANDO, FL 32807 US City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: MACKEY, TAMMY Name: 5019 LAKE HOWELL ST Address: Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: Title: DC () Delete Title: () Change () Addition KELLY, CECELIA Name: Name: 6114 ZONNA AVE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: (X) Delete Title: () Change () Addition KOVACH, JOSEPH Name: Name: Address: 989 PIEDMONT OAKS LAKES Address: APOPKA, FL 32703 City-St-Zip: 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: TAMMY MACKEY DC 06/23/2009