

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2007  
Secretary of State

DOCUMENT# N03000005489

Entity Name: HOPE IN GOD OUTREACH INC.

**Current Principal Place of Business:**

3811 AUTUMN LEAF COURT  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

3811 AUTUMN LEAF COURT  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 56-2353096      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:**

ERNESTINE WEATHERSPOON  
3811 AUTUMN LEAF CT  
JAX, FL 32246      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: P      ( ) Delete  
Name: WEATHERSPOON, ERNESTINE  
Address: 3811 AUTUMN LEAF COURT  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V      ( ) Delete  
Name: THOMPSON, GLENDA  
Address: 1344 SOARING FLIGHT WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T      ( ) Delete  
Name: SIRMANS, JOYCE  
Address: 1301 N.DAVIS ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S      ( ) Delete  
Name: CAMPBELL, VALERIE  
Address: 13027 DEEP RIVER RUN WAY  
City-St-Zip: JACKSONVILLE, FL 32224

**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: ERNESTINE WEATHERSPOON

P

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date