2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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 (X)**

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date