2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004437

Entity Name: THE NATIONS HOPE, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

3758 ROLLINGSFORD CIRCLE LAKELAND, FL 33810

Current Mailing Address: New Mailing Address:

3758 ROLLINGSFORD CIRCLE PO BOX 1876

LAKELAND, FL 33810 CRANBERRY TWP, PA 16066

FEI Number: 20-1347035 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:

BETLER, JASON BURNS, JASON

3758 ROLLINGSFORD CIRCLE 3758 ROLLINGSFORD CIRCLE LAKELAND, FL 33810 US LAKELAND, FL 33810 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: JASON BURNS 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: BETLER, JASON Name:

 Name:
 BETTER, JASON
 Name:

 Address:
 3758 ROLLINGSFORD CIRCLE
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 FARINA, SAM
 Name:

 Address:
 4186 BRISTOL PLACE
 Address:

 City-St-Zip:
 CONCORD, NC 28027
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 KOLBECK, PAUL
 Name:

 Address:
 10189 SILVER LEAF WAY
 Address:

 City-St-Zip:
 COLORADO SPRINGS, CO 80920
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BURNS, JASON
 Name:

 Address:
 3758 ROLLINGSFORD CIRCLE
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 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: MATTHEW GATES ADMI 05/01/2009