

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006490

FILED
Mar 26, 2009
Secretary of State

Entity Name: SPONSORS OF HOPE MINISTRIES INC

Current Principal Place of Business:

1600 MARINA BAY DR
UNIT 304
PANAMA CITY, FL 32409

New Principal Place of Business:

Current Mailing Address:

1600 MARINA BAY DR
UNIT 304
PANAMA CITY, FL 32409

New Mailing Address:

PO BOX 9543
PANAMA CITY BEACH, FL 32417

FEI Number: 86-1123234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITTON, GARY
1600 MARINA BAY DR
UNIT 304
PANAMA CITY, FL 32409 US

Name and Address of New Registered Agent:

BRITTON, SILVIE
1600 MARINA BAY DR
UNIT 304
PANAMA CITY, FL 32409 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: SILVIE BRITTON

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: BRITTON, GARY L
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: BRITTON, SALLY
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: BRITTON, HEAVEN
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: MCCORMICK, JOANNE
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: BRITTON, SILVIE
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRITTON, GARY
Address: 1600 MARINA BAY DR UNIT 304
City-St-Zip: PANAMA CITY, FL 32409

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: SILVIE BRITTON

DCP

03/26/2009

Electronic Signature of Signing Officer or Director

Date