

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 23, 2011**  
**Secretary of State**

DOCUMENT# N04000006490

**Entity Name:** SPONSORS OF HOPE MINISTRIES INC**Current Principal Place of Business:**390 S TYNDALL PKWY  
PANAMA CITY, FL 32404**New Principal Place of Business:****Current Mailing Address:**390 S TYNDALL PKWY  
PANAMA CITY, FL 32404**New Mailing Address:****FEI Number:** 86-1123234**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRITTON, SILVIE  
390 S TYNDALL PKWY  
PANAMA CITY, FL 32404 US**Name and Address of New Registered Agent:**BRITTON, SALLY  
390 S TYNDALL PKWY  
PANAMA CITY, FL 32404 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: SALLY BRITTON

09/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCP  
Name: BRITTON, SALLY  
Address: P.O. BOX 9543  
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D  
Name: HEALEY, ANITA  
Address: 390 S TYNDALL PKWY  
City-St-Zip: PANAMA CITY, FL 32404

Title: D  
Name: BRITTON, HEAVEN  
Address: P.O. BOX 9543  
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D  
Name: HERRERA, ADOLPH M  
Address: P.O. BOX 9543  
City-St-Zip: PANAMA CITY BEACH, FL 32417

I hereby 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 all other like empowered.

SIGNATURE: SALLY BRITTON

DCP

09/23/2011

Electronic Signature of Signing Officer or Director

Date