

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2009
Secretary of State

DOCUMENT# N04000006507

Entity Name: A RAY OF HOPE, INC.

Current Principal Place of Business:

2010 WEST BELLA VISTA STREET
LAKELAND, FL 33805

New Principal Place of Business:

5779 WOODRUFF WAY
LAKELAND, FL 33812

Current Mailing Address:

POST OFFICE BOX 1537
EATON PARK, FL 33840

New Mailing Address:

5779 WOODRUFF WAY
LAKELAND, FL 33812

FEI Number: 20-1358906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WILLIAMS, JR., ALONZO DR.
2715 ELLIS AVE
EATON PARK, FL 33840 US

Name and Address of New Registered Agent:

WILLIAMS, JR., ALONZO DR.
5779 WOODRUFF WAY
LAKELAND, FL 33812 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: DR. ALONZO WILLIAMS JR.

10/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WILLIAMS, JR., ALONZO DR.
Address: POST OFFICE BOX 1537
City-St-Zip: EATON PARK, FL 33840

Title: D () Delete
Name: HOUSTON, BETTY
Address: 2901 S BRAHMA BLVD APT F-2
City-St-Zip: KINGSVILLE, TX 78363

Title: D () Delete
Name: BATTLE, IDOTHA REV.
Address: 530 W RAGLAND AVE
City-St-Zip: KINGSVILLE, TX 78363

Title: D () Delete
Name: KELLON, GLORIA
Address: 6308 SWEETWATER DR EAST
City-St-Zip: LAKELAND, FL 33811

Title: D (X) Delete
Name: LANIER, CHARITY
Address: 995 E MEMORIAL BLVD STE 110
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WILLIAMS, JR., ALONZO DR.
Address: 5779 WOODRUFF WAY
City-St-Zip: LAKELAND, FL 33812

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: DR. ALONZO WILLIAMS JR.

PST

10/18/2009

Electronic Signature of Signing Officer or Director

Date