

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003048

FILED
May 11, 2009
Secretary of State

Entity Name: T. K. HOPE MINISTRIES INC.

Current Principal Place of Business:

5860 N.W. 6TH ST
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6348
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 16-1720103 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:

HOPE, TANGERINE K
4902 SW 111 PL RD
OCALA, FL 34476 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPE, TANGERINE K
Address: 4902 SW 111 PL RD
City-St-Zip: OCALA, FL 34476 US

Title: D () Delete
Name: HOPE, GREGORY L
Address: 4902 SW 111PL RD
City-St-Zip: OCALA, FL 34476 US

Title: D () Delete
Name: GARDNER, RHONDA Y
Address: 8410 SW 135TH LOOP
City-St-Zip: OCALA, FL 34473 US

Title: D () Delete
Name: TUGGERSON, MACHELLE
Address: 2600 SW 10TH ST APT # 910
City-St-Zip: OCALA, FL 34474 US

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: TANGERINE HOPE

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date