2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N05000004611

Entity Name: HOPE CHURCH, PRESBYTERIAN, INC.

Current Principal Place of Business:

5107 WEST LUTZ LAKE FERN ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5107 WEST LUTZ LAKE FERN ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-2788822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MICHAEL
5107 WEST LUTZ LAKE FERN ROAD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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:	D	( ) Delete
Name:	BIRD, JIM	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	JONES, MICHAEL	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	RIDEOUT, DREW	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	GARDNER, ED	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	DITTO, JAY	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	
Title:	D	( ) Delete
Name:	EDWARDS, TOM	
Address:	5107 WEST LUTZ LAKE FERN ROAD	
City-St-Zip:	LUTZ, FL 33558	

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:	
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: MICHAEL JONES P 03/21/2009

Electronic Signature of Signing Officer or Director — Date