2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000004777

Entity Name: BRIDGE OF HOPE OF MANATEE COUNTY, INC.

Current Principal Place of Business:

1108-29TH ST. E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 132
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 76-0779212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, BETTY J
1817 US HWY 41 N
PALMETTO, FL 34221 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: PDT ( ) Delete
Name: JONES, BETTY J
Address: 1819 US HWY. 41 N
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete
Name: BROWN, FREDERICK D
Address: 1108-29TH. STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete
Name: MITCHELL, PATRICIA
Address: 2611-35TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: T ( ) Delete
Name: SHANNON, PHD, DR. LARRY R
Address: 5255 BRIGHTON SHORE DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: T ( ) Delete
Name: ROOSEVELT SR, DUNBAR
Address: 815-31ST STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: T ( ) Delete
Name: MILTON, MARJORIE A
Address: 10616 NAVIGATION DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: STOKES, GEORGE
Address: 15419 TELEFORD SPRING DR.
City-St-Zip: RUSKIN, FL 333573

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

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

Title: T (X) Change ( ) Addition
Name: LIMUEL, RHONDA
Address: 1912 3RD AVE EAST UNIT B
City-St-Zip: PALMETTO, FL 34221

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: PATRICIA MITCHELL SD 04/15/2009

Electronic Signature of Signing Officer or Director — Date