2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007572

FILED May 29, 2009 Secretary of State

Entity Name: HOPE OUTREACH MINISTRIES CENTER INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	ON ROUGE LANE AKES, FL 34638	US		
Current N	lailing Address:		New Maili	ng Address:
	ON ROUGE LANE AKES, FL 34638	US		
		El Number Applied For() o), F.S., the corporation did no	•	e.
Name and	d Address of Curre	ent Registered Agent:	Name and	Address of New Registered Agent:
9552 BAT	ANTHONY ON ROUGE LANE AKES, FL 34638	US		
	e named entity subm e of Florida.	nits this statement for the p	urpose of changing i	ts registered office or registered agent, or bot
n the Stat	e of Florida.	nits this statement for the p	urpose of changing i	ts registered office or registered agent, or bot
n the Stat	e of Florida. É RE:	nits this statement for the p		ts registered office or registered agent, or bot Date
n the Stat	e of Florida. É RE:	ignature of Registered Age	ent	
n the Stati SIGNATU DFFICER itte: lame: ddress:	e of Florida. RE: Electronic Si	ignature of Registered Age ts: te E LANE	ent	Date
n the Stat	e of Florida. RE: Electronic Si S AND DIRECTOR P () Dele AGOSTO, ANTHONY 9552 BATON ROUGE	ignature of Registered Age 2 S: te E LANE 34638 US te E LANE	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO
n the Stati BIGNATU DFFICER ittle: lame: dddress: city-St-Zip: lame: ddress:	e of Florida. RE: Electronic Si S AND DIRECTOR P () Dele AGOSTO, ANTHONY 9552 BATON ROUGE LAND O'LAKES, FL V () Dele AGOSTO, BELINDA 9552 BATON ROUGE	ignature of Registered Age IS: te E LANE 34638 US te E LANE 34638 US te BRIDGES COURT	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition

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: ANTHONY AGOSTO P 05/29/2009