

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009228

FILED
Apr 13, 2009
Secretary of State

Entity Name: EVANGELISTIC APOSTOLIC CHURCH OF HOPE, INC.

Current Principal Place of Business:

309 NORTH 20TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

309 NORTH 20TH STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 51-0553640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, SAMUEL
309 NORTH 20TH STREET
FORT PIERCE, FL 34950 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: P () Delete
Name: PASTOR SAMUEL ROBINSON
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP () Delete
Name: ASSISTANT PASTOR ANNIE J ROBINSON
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: S () Delete
Name: HOWARD, SHALONDA M
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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:

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: PASTOR SAMUEL ROBINSON

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date