2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000009644

Entity Name: JOSHUA HOPE MINISTRIES, INC.

Current Principal Place of Business:

160 NW 176 STREET
200-4
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

160 NW 176 STREET
200-4
MIAMI, FL 33169

New Mailing Address:

FEI Number: 04-3827478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NZERIBE, RICHARD A
160 NW 176 STREET
200-4
MIAMI, FL 33169 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: NZERIBE, RICHARD A
Address: 160 NW 176 STREET, SUITE 200-4
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: EZEWIKE, FIDELIS
Address: 17355 SW 33 CT
City-St-Zip: MIRAMAR, FL 33029

Title: SEC ( ) Delete
Name: ADIGUN, AYODELE A
Address: 4711 SW 152 TER
City-St-Zip: MIRAMAR, FL 33027

Title: TREA ( ) Delete
Name: GARNER, TROY
Address: 3421 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33127

Title: DIR ( ) Delete
Name: OSUJI, JUDE
Address: 7373 NW 174 TER
City-St-Zip: MIAMI, FL 33015

Title: DIR ( ) Delete
Name: SUSO, SAMBALLA
Address: 2319 NW 135 STREET
City-St-Zip: MIAMI, FL 33167

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: RICHARD A. NZERIBE P 04/29/2009

Electronic Signature of Signing Officer or Director — Date