

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009644

FILED  
Apr 26, 2010  
Secretary of State

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD NZERIBE

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date