

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005344

FILED
Jan 15, 2009
Secretary of State

Entity Name: SWEET HOPE MINISTRIES, INC.

Current Principal Place of Business:

426 JOHNOSN BLVD
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1442
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 20-4992414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, A
426 JOHNSON BLVD
LIVE OAK, FL 32064 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: CEO () Delete
Name: SMITH, A
Address: 426 JOHNSON BLVD
City-St-Zip: LIVE OAK, FL 32064

Title: PD () Delete
Name: SMITH, ALFRED
Address: 426 JOHNSON BLVD
City-St-Zip: LIVE OAK, FL 32064

Title: VPD () Delete
Name: SMITH, THERESA
Address: 426 JOHNSON BLVD
City-St-Zip: LIVE OAK, FL 32064

Title: SPD () Delete
Name: SMITH, THERESA
Address: 426 JOHNSON BLVD
City-St-Zip: LIVE OAK, FL 32064

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:

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: ALFRED SMITH

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date