## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012120

FILED Jan 23, 2008 Secretary of State

Entity Name: HOPE INTERCEDING MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8812 LAKE GLONA COURT CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 8812 LAKE GLONA COURT CLERMONT, FL 34711 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, EDWARD PII, ESQ 604 N HWY 27 MINNEOLA, FL 34715 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JORDAN, GLORIA Name: Name: 8812 LAKE GLONA COURT Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JORDAN, EDWARD PII Name: Address: 8812 LAKE GLONA COURT Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: () Change () Addition DRENNAN, EDNA Name: Name: Address: 4086 KINGSLEY ST Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FIGEROA PEREZ, FRANCISCO J Name: Name: 680 SEIPLE RD Address: Address: City-St-Zip: AVON PARK, FL City-St-Zip: Title: Title: () Delete () Change () Addition CAMPBELL, LORI Name: Name: 604 NORTH HWY 27 Address: Address: City-St-Zip: MINNEOLA, FL 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: GLORIA JORDAN PD 01/23/2008