## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001402

Entity Name: SANCTUARY OF HOPE MINISTRIES, INC.

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17860 NE 22 COURT CITRA, FL 32113

Current Mailing Address: New Mailing Address:

PO BOX 4147 OCALA, FL 34475

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, NATHANIEL 1741 NW 42 PLACE OCALA, FL 34475 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:

Title: ED ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HART, NATHANIEL
 Name:

 Address:
 1741 NW 42 PL
 Address:

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:

Title: AD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HART, TANYA
 Name:

 Address:
 1741 NW 42 PL
 Address:

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 CARTER, ORA
 Name:

 Address:
 PO BOX 401
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32602
 City-St-Zip:

Title: ADVI () Delete Title: ADVI (X) Change () Addition

 Name:
 MYRICK, JOE
 Name:
 GALLOWAY, DAVID

 Address:
 4610 NE 14TH PL
 Address:
 14553 N. W. 27TH AVENUE

City-St-Zip: OCALA, FL 34470 City-St-Zip: CITRA, FL 32113

 $\begin{tabular}{lll} Title: & ADVI & (\ ) Delete & Title: & ADVI & (X) Change (\ ) Addition \\ \end{tabular}$ 

Name: MYRICK, GLENDA Name: ROYAL, MARC

 Address:
 4610 NE 14TH PL
 Address:
 2121 N. W. 55TH TERRACE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 GAINESVILLE, FL 32605

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: NATHANIEL HART ED 04/27/2008