## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001402

FILED Apr 14, 2009 Secretary of State

Entity Name: SANCTUARY OF HOPE MINISTRIES, INC.

**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: () Change () Addition () Delete HART, NATHANIEL Name: Name: 1741 NW 42 PL Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: AD Title: ( ) Delete () Change () Addition Name: HART, TANYA Name: Address: 1741 NW 42 PL Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: () Delete Title: () Change () Addition CARTER, ORA Name: Name: Address: PO BOX 401 Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: Title: ADVI ( ) Delete Title: () Change () Addition Name: GALLOWAY, DAVID Name: Address: 14553 N. W. 27TH AVENUE Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: Title: ADVI ( ) Delete () Change () Addition ROYAL, MARC Name: Name: 2121 N. W. 55TH TERRACE Address: Address: GAINESVILLE, FL 32605 City-St-Zip: 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: TANYA HART AD 04/14/2009