


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000003923 1. Entity Name RUDY'S MINISTRY HOUSE OF HOPE, INC.	
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Principal Place of Business 3040 NW 7TH STREET POMPAÑO BEACH, FL 33069	Mailing Address 3040 NW 7TH STREET POMPAÑO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 18 AM 9:43

300156106833
05/18/09--01006--013 **\$1.25



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-1023510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPELAND, LENITA 3040 NW 7TH STREET POMPAÑO BEACH, FL 33069
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO COPELAND, RUDOLPH 3040 NW 7TH STREET POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COPELAND, LENITA 3040 NW 7TH STREET POMPAÑO BEACH, FL 33069
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lenita & Rudolph Copeland 4-24-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #