2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# N07000004503

Entity Name: LIVING HOPE MINISTRIES, INC.

Current Principal Place of Business:

2190 HUNTERS GREENE DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

1206 W. ALSOBROOK STREET
PLANT CITY, FL 33563

Current Mailing Address:

P.O. BOX 1138
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 20-9897947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAISON, SHELTON
2190 HUNTERS GREENE DR.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

FAISON, SHELTON
1206 W. ALSOBROOK STREET
PLANT CITY, FL 33563 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: _____ 08/05/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAISON, SHELTON
Address: 2190 HUNTERS GREENE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: S ( ) Delete
Name: FAISON, KATRENA
Address: 2190 HUNTERS GREENE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete
Name: HARGROVE, DORA
Address: 1400 STRWABERRY PLACE APT. 4
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAISON, SHELTON
Address: 1206 W. ALSOBROOK STREET
City-St-Zip: PLANT CITY, FL 33563

Title: S (X) Change ( ) Addition
Name: FAISON, KATRENA
Address: 1206 W. ALSOBROOK STREET
City-St-Zip: PLANT CITY, FL 33563

Title: T (X) Change ( ) Addition
Name: HARGROVE, DORA
Address: 1400 STRAWBERRY PLACE APT. 4
City-St-Zip: PLANT CITY, FL 33563

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: SHELTON FAISON P 08/05/2008
Electronic Signature of Signing Officer or Director — Date