2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002046

FILED Jul 21, 2009 Secretary of State

Entity Name: MISSION OF HOPE HEALING AND DELIVERANCE MINISTRIES, INC.

	rincipal Place of Business:	New Principal Place of Business:						
	NOLDS RD. D, FL 33801	1234 REYNOLDS RD. LOT 293 LAKELAND, FL 33801						
Surrent M	lailing Address:	New Mailing Address:						
Juli elit iv	iaining Address.	New Manning Address.						
	NOLDS RD. D, FL 33801	1234 REYNOLDS RD. LOT 293 LAKELAND, FL 33801						
	ce with s. 607.193(2)(b), F.S., the corporation did not	•						
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:						
1234 REYÎ	ROOSEVELT JR. NOLDS RD. D, FL 33801 US							
	named entity submits this statement for the pure of Florida.	rpose of changing its registered office or registered agent, or both						
SIGNATUI	RE:							
	Electronic Signature of Registered Ager	t Date						
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						
ītle: lame:	C () Delete HARPER, RICARDO	Title: () Change () Addition Name:						
\ddress:	1347 SUNSET AVE. LAKELAND, FL 33801	Address: City-St-Zip:						
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:		Address:						
Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	LAKELAND, FL 33801 VC () Delete HENRY, LINDA 902 N. LINCOLN AVE.	Address: City-St-Zip: Title: () Change () Addition Name: Address:						
Address: Dity-St-Zip: Fitle: Name: Address:	LAKELAND, FL 33801 VC () Delete HENRY, LINDA 902 N. LINCOLN AVE. LAKELAND, FL 33805 D () Delete KILGORE, ANNIE MAE 12 BRUNNEL DR.	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:						
Address: City-St-Zip: Citle: Jame:	LAKELAND, FL 33801 VC () Delete HENRY, LINDA 902 N. LINCOLN AVE. LAKELAND, FL 33805 D () Delete KILGORE, ANNIE MAE 12 BRUNNEL DR. LAKELAND, FL 33801 P () Delete BARNUM, ROOSEVELT JR. 1234 REYNOLDS RD.#188	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: 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:	ROOSI	EVE	LTE	BARN	IUM JF				Р	07/21/20	009
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