2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005975

Entity Name: SHARE OUR HOPE, INC.

FILED Sep 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	LIFF ROAD I, FL 32011	US		
Current Mailing Address:			New Mailing Address:	
	LIFF ROAD I, FL 32011	US		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the			ober Not Applicable() Certificate of Status Desired (X) ne prior notice. Name and Address of New Registered Agent:	
43607 RAT	NG, ELENA D LIFF RD I, FL 32011	US		
The above in the State		ubmits this statement for the purpose o	of changing it	s registered office or registered agent, or both,
SIGNATURE:				
	Electroni	c Signature of Registered Agent		Date
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () ARMSTRONG, E 43607 RATLIFF CALLAHAN, FL	RD	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MORELADE, ES	Delete TRULEDER A J.D. DN WAY, NORTH WEST \ 30144 US	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MORELAND, ESTRULEDER A J.D. 1022 PLANTATION WAY, NORTH WEST KENNESAW, GA 30144 US
Title: Name: Address: City-St-Zip:	T () ARMSTRONG, L 43607 RATLIFF CALLAHAN, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () THACKER, KARI 14256 PABLO W JACKSONVILLE	OODS LN	Title: Name: Address: City-St-Zip:	D (X) Change () Addition REID, SHERRY 9824 W. POPLAR STREET CRYSTAL RIVER, FL 34428 US
Title: Name: Address: City-St-Zip:	HUTTO, G. DON 1390 ROSE ST	Delete NIE REV. CH, FL 32233 US	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () HENDERSON, J 12544 PINE MAI JACKSONVILLE	RSH WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HENDERSON, JEREMY REV. 12544 PINE MARSH WAY JACKSONVILLE, FL 32224

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: ELENA DEESA ARMSTRONG P 09/17/2009