2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007422

Apr 30, 2010 Secretary of State

Entity Name: FULL OF FAITH YOUTH OF FLORIDA CENTER OF HOPE INC.

Current Principal Place of Business: New Principal Place of Business:

2509 NORTH MAIN STREET JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

2957 BRIGHT EAGLE DRIVE JACKSONVILLE, FL 32226

FEI Number: 35-2348298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COATS, GENNELL L 2957 BRIGHT EAGLE DRIVE JACKSONVILLE, FL 32226 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:

GETTIS, DAVID L SR. Name: Address: 2828 PAIGNTON CT. City-St-Zip: JACKSONVILLE, FL 32225

Title:

Name: COATS, GENNELL L Address: 2957 BRIGHT EAGLE DRIVE City-St-Zip: JACKSONVILLE, FL 32226

Title:

COATS, DARRELL L SR. Name: 2957 BRIGHT EAGLE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32226

Title:

Name: GETTIS, STACEY Address: 2828 PAIGNTON CT JACKSONVILLE, FL 32225 City-St-Zip:

Title:

COATS, BREONA B Name: 2957 BRIGHT EAGLE DRIVE Address: JACKSONVILLE, FL 32226 City-St-Zip:

Title:

SMITH, GARY R Name:

Address: 12836 PINE BURR LANE WEST JACKSONVILLE, FL 32246 City-St-Zip:

I hereby 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 all other like empowered.

V. P SIGNATURE: GENNELL COATS 04/30/2010