

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009013

FILED
Feb 25, 2009
Secretary of State

Entity Name: HOUSE OF HOPE WITH SAVING GRACE INC.

Current Principal Place of Business:

11 LAKE CHARLES LN.
PALM COAST, FL 321379565

New Principal Place of Business:

Current Mailing Address:

11 LAKE CHARLES LN.
PALM COAST, FL 321379565

New Mailing Address:

P.O. BOX 354173
PALM COAST, FL 321354173

FEI Number: 20-3415584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWBY, ALESHIA
8 RYDELL LANE
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

NEWBY, ALESHIA
11 LAKE CHARLES LANE
PALM COAST, FL 321379565 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: ALESHIA NEWBY

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWBY, ALESHIA
Address: 8 RYDELL LANE
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: WILLIAMS-PRESTON, KAREN
Address: 18 B BUTTON BUSH LANE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: SIMMONS, JOYCE R
Address: 280 WHISPERING WOODS LANE APT #6
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S () Delete
Name: PINKNEY, LASHAWNDA
Address: 24 REYBURY LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWBY, ALESHIA
Address: 11 LAKE CHARLES LANE
City-St-Zip: PALM COAST, FL 321379565

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KELLY, SHANITA
Address: 61 RIVIERE LANE
City-St-Zip: PALM COAST, FL 32164

Title: S (X) Change () Addition
Name: PINKNEY, LASHAWNDA
Address: 46 PONCE DELEON DRIVE
City-St-Zip: PALM COAST, FL 32164

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: ALESHIA NEWBY

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date