## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000009838

Address:

City-St-Zip:

Entity Name: HOPE ABOUNDS MINISTRY INC

FILED Apr 27, 2009 Secretary of State

Entity Na	me: HOPE A	BOUNDS MINISTRY, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	IN STREET DSASSA, FL	33592				
Current Mailing Address:			New Maili	New Mailing Address:		
	IN STREET OSASSA, FL :	33592				
FEI Number	: 37-1572749	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
10505 MA	RILYN REV. IN STREET OSASSA, FL	33592 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or bot		
SIGNATU	RE:					
	Electro	nic Signature of Registered Aç	gent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	ELLIS, JUNIOI 10505 MAIN S		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ELLIS, MARIL 10505 MAIN S		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ASKRAN, MEL 10505 MAIN S	) Delete ISSA TRUSTEE TREET SSA, FL 33592	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition NEWBERRY, MARVIN REV 4031 PADDLEWHEEL DRIVE BRANDON, FL 33591		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition NEWBERRY, GLENDA REV 4031 PADDLEWHEEL DRIVE BRANDON, FL 33511		
Title: Name:	(	) Delete	Title: Name:	D ( ) Change (X) Addition WORRELL, JOYCE TRUSTEE		

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.

Address:

City-St-Zip:

1006 CELTIC COURT

BRANDON, FL 33510

SIGNATURE: MARILYN ELLIS VPS 04/27/2009