

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010811

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOPE MINISTRIES OF OCALA, INC.

Current Principal Place of Business:

3910 COLLEGE ROAD
SUITE 200
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 830249
OCALA, FL 344830249

New Mailing Address:

FEI Number: 26-3794075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTTENBER, JEFFREY M
337 SE 39TH TERRACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CUMMINS, MARK D DR.
Address: 4407 SE 53RD STREET
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: RUTTENBER, JEFFREY M
Address: 337 SE 39TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: ALVAREZ, JOHN L
Address: 13101 SOUTH HIGHWAY 475
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEFFREY M. RUTTENBER

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date