2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

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Entity Name: HARBOR OF HOPE OF JACKSONVILLE, INC.

Current Principal Place of Business:

8124 CORALBERRY LANE WEST
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8124 CORALBERRY LANE WEST
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 26-3646662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, MICHAEL D
8124 CORALBERRY LANE WEST
JACKSONVILLE, FL 32244 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:	ROBERTS, MICHAEL D	
Address:	8124 CORALBERRY LANE WEST	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	D	( ) Delete
Name:	STEWART, CARL	
Address:	7021 BEEKMAN LAKE DR	
City-St-Zip:	JACKSONVILLE, FL 32222	
Title:	D	( ) Delete
Name:	ROBERTS, ERIKA	
Address:	8124 CORALBERRY LANE WEST	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	D	( ) Delete
Name:	MARELL, CHARLES	
Address:	11242 CLOVERHILL CIRCLE W	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	BEST, LINDA	
Address:	1627 PARADELA PL	
City-St-Zip:	JACKSONVILLE, FL 32221	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	ROBERTS, MICHAEL D	
Address:	8124 CORALBERRY LANE WEST	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	ROBERTS, ERIKA	
Address:	8124 CORALBERRY LANE WEST	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BEST, LINDA	
Address:	1627 PARADELA PL	
City-St-Zip:	JACKSONVILLE, FL 32221	

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: MICHAEL D. ROBERTS P 03/25/2009

Electronic Signature of Signing Officer or Director — Date