2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011187

FILED Feb 13, 2009 Secretary of State

Entity Name: FAITH, HOPE, & LOVE C.O.G.I.C., INC.

Current Principal Place of Business:			New	New Principal Place of Business:		
58 ERIC DF PALM COA	₹ ST, FL 32164					
Current Mailing Address:			New	New Mailing Address:		
P.O. BOX 3 PALM COA	52166 ST, FL 32135					
FEI Number:	26-4223894	FEI Number Applied For ()	FEI Number N	ot Appl	plicable () Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Nan	ie and	d Address of New Registered Agent:	
JOHNSON, CHARLES 58 ERIC DR PALM COAST, FL 32164 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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:				OITIC	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[JOHNSON, CHAR 58 ERIC DR PALM COAST, F		Title: Name Addre City-		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VT () I JOHNSON, JOYN 58 ERIC DR PALM COAST, F		Title: Name Addre City-		VT (X) Change () Addition JOHNSON, JOYCE 58 ERIC DR PALM COAST, FL 32164	
Title: Name: Address: City-St-Zip:	V () I DEBOSE, RUFU: 13 SERVICE BEI PALM COAST, F	RRY PLACE	Title: Name Addre City-:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () I BROOKINS, SHA 2202 MAIDEN LA ROANOKE, VA 2	NE SW	Title: Name Addre City-S		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () E BROOKINS, HAR 2202 MAIDEN LA ROANOKE, VA 2	NE SW	Title: Name Addre City-S		() Change () Addition	

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: SHARISSE C. BROOKINS ST 02/13/2009