

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003939

FILED
Jan 05, 2012
Secretary of State

Entity Name: HOPE MINISTRIES CENTER, INC.

Current Principal Place of Business:

125 W. ANDERSON AVENUE
BUSHNELL, FL 33538

New Principal Place of Business:

125 W. ANDERSON AVENUE
BUSHNELL, FL 33513

Current Mailing Address:

125 W. ANDERSON AVENUE
BUSHNELL, FL 33538

New Mailing Address:

125 W. ANDERSON AVENUE
BUSHNELL, FL 33513

FEI Number: 27-2394047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, WILLIAM JR.
1244 CR 443
LAKE PANASOFFKEE, FL 33538 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
Name: BURGNER, AARON
Address: 125 W. ANDERSON AVE.
City-St-Zip: BUSHNELL, FL 33513

Title: D
Name: LOVETT, KATHERINE
Address: 7134 CR 328
City-St-Zip: BUSHNELL, FL 33513

Title: D
Name: BROWN, ERNEST A JR
Address: 11973 CR 727
City-St-Zip: WEBSTER, FL 33597

Title: D
Name: RICKERSON, WILEY
Address: 6559 CR 640
City-St-Zip: BUSHNELL, FL 33513

Title: D
Name: RAY, WILLIAM E JR.
Address: 1244 CR 443
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: DIR.
Name: PONDER, TERRESA
Address: 1892 SE 25 CT
City-St-Zip: SUMTERVILLE, FL 33585

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. RAY JR.

DIR.

01/05/2012

Electronic Signature of Signing Officer or Director

Date