

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005619

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** RENEWED HOPE MISSIONS, INC

**Current Principal Place of Business:**

1369 CENTURY OAK DR  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1369 CENTURY OAK DR  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 27-3143095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBERG, SARAH  
1369 CENTURY OAK DR  
OCOE, FL 34761 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:** FD  
**Name:** ROSENBERG, SARAH  
**Address:** 1369 CENTURY OAK DR  
**City-St-Zip:** OCOE, FL 34761

**Title:** D  
**Name:** RATTRAY, NANCY  
**Address:** 7465 NASANI CT  
**City-St-Zip:** MENTOR, OH 44060

**Title:** S  
**Name:** PATTERSON, SUZANNE  
**Address:** 8139 MIDLAND RD  
**City-St-Zip:** MENTOR, OH 44060

**Title:** D  
**Name:** DAVIDSON, JOCELYN  
**Address:** 3223 ARDEN VILLAS BLVD APT 2  
**City-St-Zip:** ORLANDO, FL 32817

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:** SARAH ROSENBERG

FD

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date