

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006091

FILED
Apr 18, 2012
Secretary of State

Entity Name: SHOWER OF HOPE, INC.

Current Principal Place of Business:

4300 POST STREET
JACKSONVILLE, FL 322055261

New Principal Place of Business:

Current Mailing Address:

4300 POST STREET
JACKSONVILLE, FL 322055261

New Mailing Address:

FEI Number: 45-2716043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOPGAN, CAROLYN J
4300 POST STREET
JACKSONVILLE, FL 322055261 US

Name and Address of New Registered Agent:

JONES-HOGAN, CAROLYN A
4300 POST STREET
JACKSONVILLE, FL 322055261 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.

SIGNATURE: CAROLYN A JONES-HOGAN

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KARSTAEDT, AMANDA
Address: 2727 FOX CREEK DR E
City-St-Zip: JACKSONVILLE, FL 32221

Title: D
Name: AXTELL, KATHRYN
Address: 4528 ROMONA BLVD
City-St-Zip: JACKSONVILLE, FL 322054942

Title: D
Name: AXTELL, DOUGLAS
Address: 1824 VISTA LAKES DRIVE
City-St-Zip: FLEMING ISLAND, FL 322037310

Title: D
Name: ATTAWAY, BARBARA
Address: 1140 GOVERNOR STREET
City-St-Zip: GREEN COVE SPRING, FL 320432550

Title: D
Name: LAWRENCE, PAULA
Address: 2274 TYSON LAKE DR
City-St-Zip: JACKSONVILLE, FL 32221

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: CAROLYN A JONES-HOGAN

AGEN

04/18/2012

Electronic Signature of Signing Officer or Director

Date