

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008938

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** HARBOR OF HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

3887 WHISTLEWOOD CIRCLE  
LAKELAND, FL 33811

**New Principal Place of Business:**

1231 ARIANA STREET  
LAKELAND, FL 33803

**Current Mailing Address:**

3887 WHISTLEWOOD CIRCLE  
LAKELAND, FL 33811

**New Mailing Address:**

1231 ARIANA STREET  
LAKELAND, FL 33803

FEI Number: 45-3343372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHELBY, AMBER R  
3887 WHISTLEWOOD CIRCLE  
LAKELAND, FL 33811 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: P  
Name: COFFEY, SHEILA A  
Address: 3887 WHISTLEWOOD CIRCLE  
City-St-Zip: LAKELAND, FL 33811

Title: TREA  
Name: COFFEY, WILLIAM H  
Address: 3887 WHISTLEWOOD CIRCLE  
City-St-Zip: LAKELAND, FL 33803

Title: VP  
Name: CHELF, KELLY  
Address: 419 LAKE CHARLES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: SECT  
Name: WEST, LANA S  
Address: P O BOX 4670  
City-St-Zip: PARKER, CO 80134

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: SHEILA A. COFFEY

PRES

03/08/2012

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

\_\_\_\_\_  
Date