

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22564

FILED
Mar 27, 2009
Secretary of State

Entity Name: CHRISTIAN AWARENESS MISSION OF HOPE, INC.

Current Principal Place of Business:

C/O OLIVETT JOHNSON
635 N.W. 8TH AVENUE
POMPANO BEACH, FL 330605829

New Principal Place of Business:

Current Mailing Address:

C/O OLIVETT JOHNSON
P.O. BOX 1223
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-0711104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, OLIVETT
635 N.W. 8TH AVENUE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

JOHNSON, OLIVETT
3600 NW 41ST STREET
LAUDERDALE LAKES, FL 33309 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: _____

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, OLIVETT,
Address: 635 NW 8TH AVENUE
City-St-Zip: POMPAN0 BEACH, FL

Title: VD () Delete
Name: JOHNSON, JUDY C
Address: 3600 NW 41ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD () Delete
Name: MILLER, TALMAE J.,
Address: 1510 N.W. 7TH AVENUE
City-St-Zip: POMPAN0 BEACH, FL

Title: TD () Delete
Name: JOHNSON, TODD R.,
Address: 2860 N.W. 8TH PLACE
City-St-Zip: FT. LAUDERDALE, FL

Title: AS () Delete
Name: GILLIS, KATHERYN
Address: 220 NW 15TH PLACE
City-St-Zip: POMPAN0 BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, OLIVETT,
Address: 3600 NW 41ST STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OLIVETT JOHNSON

PRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date