

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26572

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOPE COMMUNITY CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

1710 KERNAN BLVD., N.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1710 KERNAN BLVD., N.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-2390870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGDAYAN, JOSE A
12619 BARNSBURY COURT
JACKSONVILLE, FL 32246 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: TD () Delete
Name: CAREY, JERILYN
Address: 3041 MARBON ESTATES COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: GRIFFIN, BILLY L
Address: 4846 DOVETREE LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: CAREY, STEVE
Address: 3041 MARBON ESTATES COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: STEFEK, KAREN
Address: 12301 KERNAN FOREST BLVD UNIT 502
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: POWELL, A. LLOYD JR
Address: 10150 BELLE RIVE BLVD E, UNIT 2009
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: STEFEK, ROB
Address: 12301 KERNAN FOREST BLVD, UNIT 502
City-St-Zip: JACKSONVILLE, FL 32225

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: REV A LLOYD POWELL JR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date