2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N50303

Entity Name: FAITH HOPE AND CHARITY, INC.

Current Principal Place of Business:

2518 MITCHELL STREET
MIMS, FL 32754 US

New Principal Place of Business:

Current Mailing Address:

2930 JEFFERSON ST
MIMS, FL 32754 US

New Mailing Address:

FEI Number: 59-3168022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRARY, JACQUELYN
2930 JEFFERSON ST.
MIMS, FL 32754 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: PD ( ) Delete
Name: MCCRARY, JACQUELYN
Address: 2930 JEFFERSON ST
City-St-Zip: MIMS, FL 32754

Title: ST ( ) Delete
Name: SUMMERS, RACHEL
Address: 1835 FAIRLANE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: T ( ) Delete
Name: WILLIAMS, EARLENE
Address: 6951 BENTLEY PLACE
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete
Name: CAMPBELL, DENISE
Address: 1150 CHENEY NWY UNITE E
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JACQUELYN MCCRARY PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date