2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OPERATION HOPE OF PINELLAS, INC.

Current Principal Place of Business:

861 SIXTH AVENUE SOUTH
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

1200 MARTIN LUTHER KING ST. NORTH
ST PETERSBURG, FL 33705 US

Current Mailing Address:

861 SIXTH AVENUE SOUTH
ST PETERSBURG, FL 33701 US

New Mailing Address:

1200 MARTIN LUTHER KING ST. NORTH
ST PETERSBURG, FL 33705 US

FEI Number: 59-3086633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, EUGENE
861 SIXTH AVENUE SOUTH
ST. PETERSBURG, FL 33701 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: DP ( ) Delete
Name: MOORE, EUGENE
Address: 861 6TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: DT ( ) Delete
Name: LISBON, VINCENT D
Address: 3133 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: DV ( ) Delete
Name: O'CONNOR, JOHN
Address: 4937 FIFTEENTH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: DS ( ) Delete
Name: BAITY, CLARA F
Address: 1214 MAGNOLIA DRIVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete
Name: DUMAS, CARLOS
Address: 326 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

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:

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: VINCENT D LISBON DT 04/06/2009

Electronic Signature of Signing Officer or Director — Date