

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002964

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HOPE FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business:**

869 DERBYSHIRE RD  
DAYTONA BEACH, FL 321174509

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 11876  
DAYTONA BEACH, FL 321201876

**New Mailing Address:**

FEI Number: 59-3321691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JACKSON, DERRICK G  
869 DERBYSHIRE RD  
DAYTONA BEACH, FL 321174509 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: C/D ( ) Delete  
Name: TRIPLETT, DEREK T CEO  
Address: 869 DERBYSHIRE ROAD  
City-St-Zip: DAYTONA BEACH, FL 321174509

Title: V/D ( ) Delete  
Name: BROWN, JOHN A VICE-CH  
Address: 1749 ARASH CIRCLE  
City-St-Zip: PORT ORANGE, FL 32124

Title: D ( ) Delete  
Name: BALL, CAROL SECR  
Address: 30 BEACHWAY DRIVE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BROWN-CRAWFORD, KIM DIR  
Address: 30 BEACHWAY DRIVE  
City-St-Zip: PALM COAST, FL 32137

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: DEREK TRIPLETT

C/D

04/30/2008

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

\_\_\_\_\_  
Date