

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004725

FILED
Jan 06, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

1004 DELRIDGE AVENUE
ORLANDO, FL 32804 US

New Principal Place of Business:

1902 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

Current Mailing Address:

1004 DELRIDGE AVENUE
ORLANDO, FL 32804

New Mailing Address:

1902 W. COLONIAL DRIVE
ORLANDO, FL 32804

FEI Number: 59-3338309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDQUIST, ROXANNE
5126 LOG WAGON ROAD
OCOE, FL 34761 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: NORDQUIST, ROXANNE
Address: 5126 LOG WAGON ROAD
City-St-Zip: OCOEE, FL 34761

Title: ST () Delete
Name: MANFREDO, LOUIS
Address: 2255 GATOR DRIVE APT 414
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: BENNETT, RAY
Address: 621 CAMELIA CT
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: BRINKLEY, CAROL
Address: 552 STARSTONE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BELLMANY, GEORGE
Address: PO BOX 151141
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: NORDQUIST, ROXANNE
Address: 5126 LOG WAGON ROAD
City-St-Zip: OCOEE, FL 34761

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

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

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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: ROXANNE NORDQUIST

ED

01/06/2009

Electronic Signature of Signing Officer or Director

Date