

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005694

FILED
Feb 05, 2009
Secretary of State

Entity Name: HOPE RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

2020 PALM BAY RD NE
SUITE 1 & 2
PALM BAY, FL 32905

New Principal Place of Business:

1805 CANOVA ST.
SUITE 1, 2, & 3
PALM BAY, FL 32909

Current Mailing Address:

1345 N HWY A1A
205
INDIALANTIC, FL 32903

New Mailing Address:

1805 CANOVA ST.
SUITE 1, 2, & 3
PALM BAY, FL 32909

FEI Number: 59-3362082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, WILLIAM H
2115 PALM BAY RD., NE
PALM BAY, FL 32905 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: D () Delete
Name: PHELPS, RICHARDS
Address: 1345 N. HWY A1A #205
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: MORRIS, TERRY
Address: 330 WATSON DRIVE
City-St-Zip: INDIANLANTIC, FL 32903

Title: TD () Delete
Name: ERZINGER, LEROY
Address: 2660 OAKHAVEN ST., NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: PRENTICE, TOM
Address: 3133 WEYBURN AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: HOY, JEFFREY D DR
Address: 524 LA COSTA COURT
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: FADDEN, CHRISTOPHER
Address: 440 MALLARO LANE
City-St-Zip: INDIALANTIC, FL 329034714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PELLIZZE, JOSEPH M
Address: 1345 N. HWY A1A #205
City-St-Zip: INDIALANTIC, FL 32903

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

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Name:
Address:
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Title: () Change () Addition
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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: JOSEPH M. PELLIZZE

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date