## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005887

FILED Jul 13, 2007 Secretary of State

Entity Name: HOSANNA COMMUNITY FOUNDATION, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
141 KASI PA LOCI	M ST KA, FL 33054	
urrent N	lailing Address:	New Mailing Address:
.O. BOX PA LOCI	541086 KA, FL 33054 US	
accordan	: 65-0627786 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
141 KASI	CHARLES L M ST KA, FL 33054 US	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or bo
IGNATUI	RE:	
	Electronic Signature of Registered A	gent Date
FICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
le: ime: ldress: ty-St-Zip:	P ( ) Delete DINKINS, REV CHARLES LE 1141 KASIM STREET OPA-LOCKA, FL 33054	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
le: ame: ldress: ty-St-Zip:	VP ( ) Delete GELIN, ELIZA 11371 NW 11TH AVE MIAMI, FL 331687	Title: VP (X) Change ( ) Addition Name: GELIN, ELIZA Address: 13231 NW 23RD AVENUE City-St-Zip: MIAMI, FL 33167
ile: ame:	T () Delete LEWIS, JOYCE 3051 NW 99TH ST	Title: ( ) Change ( ) Addition Name: Address:
dress: y-St-Zip:	MIAMI, FL 33147	City-St-Zip:
dress:	D ( ) Delete WALTON, JOVANNA 588 NW 52ND ST MIAMI, FL 33127	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
dress: y-St-Zip: e: me: dress:	D ( ) Delete WALTON, JOVANNA 588 NW 52ND ST	Title: ( ) Change ( ) Addition Name: Address:

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: REV. CHARLES LEE DINKINS CD 07/13/2007