## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001471

FILED Apr 30, 2009 Secretary of State

Entity Name: CHRISTIAN GENERATION CENTER OF HOPE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4761 COCONUT PALM CIRCLE N.E. 915 LIVE OAK TERRANCE NORTH EAST

ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703

**Current Mailing Address: New Mailing Address:** 

4761 COCONUT PALM CIRCLE N.E. 915 LIVE OAK TERRANCE NORTH EAST

ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PENNINGTON, CLARICE PENNINGTON, CLARICE

4761 COCONUT PALM CIRCLE N.E. 915 LIVE OAK TERRANCE NORTH EAST ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703

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: 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

PENNINGTON, BERNARD PENNINGTON, BERNARD Name: Name: 4761 COCONUT PALM CIRCLE N.E. Address: 915 LIVE OAK TERRANCE NORTH EAST Address:

ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703

City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: HOPKINS, LESLIE Name: Address: 2401 15TH AVE. SO. Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip:

Title: () Delete Title: () Change () Addition

RACKETT, LOLITA Name: Name: Address: 1524 13TH AVE. SO. Address: City-St-Zip: ST PETERSBURG, FL 33705 City-St-Zip:

(X) Change ( ) Addition Title: () Delete Title:

PENNINGTON, CLARICE Name: Name: PENNINGTON, CLARICE

915 LIVE OAK TERRANCE NORTH EAST Address: 4761 COCONUT PALM CIRCLE N.E. Address:

City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: ST PETERSBURG, FL 33703

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: CLARICE PENNINGTON D 04/30/2009