2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003265

Entity Name: HORIZON OF HOPE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2440 FORTUNE RD 512 61ST EAST KISSIMMEE, FL 34744 US PALMETTO, FL 34221 US **Current Mailing Address: New Mailing Address:** 2460 FORTUNE ROAD P.O. BOX 451795 KISSIMMEE, FL 34744 US KISSIMMEE, FL 34745 US FEI Number: 59-3511957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANE, MARVIN LANE, MARVIN 2460 FORTUNE ROAD 4826 ÍST AVE EAST KISSIMMEE, FL 34744 US PALMETTO, FL 34745 US 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: MARVIN LANE 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLAKE, LINDLEY Name: Name: 4207 GOLD RUSH LN Address: Address: City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LANE, MARVIN Name: Address: 2460 FOTUNE ROAD Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: Title: (X) Change () Addition () Delete LANE, JASON Name: LANE, JASON Name: 3224 LORIMAR DRIVE Address: Address: 3224 LORIMAR DRIVE City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: SAINT CLOUD, FL 34772 US Title: () Delete Title: D () Change (X) Addition NOGLE, RUSS Name: Name: Address: Address: P.O. BOX 134 City-St-Zip: City-St-Zip: LAMBSBURG, VA 24351 US Title: () Delete Title: () Change (X) Addition LANE, JOSPEH Name: Name: 1007 HONEYSUCKLE LANE Address: Address: City-St-Zip: City-St-Zip: MOORESVILLE, IN 46158' US Title: () Delete Title: () Change (X) Addition SMITH, LARRY Name: Name: Address: Address: 512 61ST EAST PALMETTO, FL 34221 US City-St-Zip: 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: MARVIN LANE P 04/30/2009