2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# N99000004270

Entity Name: PROJECT HOPE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1865 NW 69 TERRACE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1865 NW 69 TERRACE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 82-0548572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAWKINS, ANTHONY
4430 NW 173 DR
MIAMI, FL 33147 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:	PDC	( ) Delete
Name:	DAWKINS, ANTHONY	
Address:	1865 NW 69 TERRACE	
City-St-Zip:	MIAMI, FL 33147	
Title:	DVP	( ) Delete
Name:	DAWKINS, JOANNE	
Address:	1865 NW 69 TERRACE	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	MATHEWS, JOE	
Address:	1865 NW 69 TERRACE	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	MCDUFFIE, LINDA	
Address:	1865 NW 69 TERRACE	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	FUSSELL-WILSON, NICOLA	
Address:	19204 NW 28TH CT.	
City-St-Zip:	MIAMI, FL 33056	
Title:	S	( ) Delete
Name:	MCPHEE, TANEISHA	
Address:	1865 NW 69 TERRACE	
City-St-Zip:	MIAMI, FL 33147	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: LINDA MCDUFFIE D 05/19/2008

Electronic Signature of Signing Officer or Director — Date