2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N99000004399

Entity Name: H.O.P.E., INC. OF JACKSONVILLE

Current Principal Place of Business:

435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 31-1662846 **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:

SAMPSON, JAMES B REV.
6149 QUIET COUNTRY LANE.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

SAMPSON, JAMES B REV.
435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218 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: _____ 05/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: GRIFFIN, ERNEST
Address: 435 CLARK RD., STE 614
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC ( ) Delete
Name: LATOUR, ANNETTE
Address: 4835 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: EDWARDS, DEBRA
Address: 8891 YEOMAN DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: MCQUEEN, CYNELL
Address: 4835 SOUTEL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: P ( ) Delete
Name: SAMPSON, DR. JAMES B REV.
Address: 6149 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: SAMPSON, JAMIE
Address: 6149 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32218

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: DEBRA EDWARDS TREA 05/18/2009
Electronic Signature of Signing Officer or Director — Date