2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

SAMPSON, JAMES B REV.
435 CLARK ROAD
SUITE 614
JACKSONVILLE, FL 32218 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: COB
Name: GRIFFIN, ERNEST
Address: 435 CLARK RD., STE 614
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEBRA A. EDWARDS TREA 04/02/2010

Electronic Signature of Signing Officer or Director — Date