2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N99000007276

Entity Name: ROCK OF HOPE MINISTRIES, HASTINGS, INC.

Current Principal Place of Business:

5240 SR 206
ELKTON, FL 32033

New Principal Place of Business:

108 EQUESTERIN WAY
HASTINGS, FL 32177

Current Mailing Address:

P.O. BOX 1287
HASTINGS, FL 32185

New Mailing Address:

P.O. BOX 1287
HASTINGS, FL 32145

FEI Number: 59-3593215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WITHERSPOON, CLYDE A PASTOR
8150 BERNS LN. LOT A
HASTINGS, FL 32145 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:	PD	( ) Delete
Name:	WITHERSPOON, CLYDE A PASTOR	
Address:	8150 BERNS LN. LOT A	
City-St-Zip:	HASTINGS, FL 32145	
Title:	VD	( ) Delete
Name:	SINGLETON, MARTHA MINIST	
Address:	RT. 2, BOX 172	
City-St-Zip:	HASTINGS, FL 32145	
Title:	S	( ) Delete
Name:	BROWN, JOYCE E	
Address:	560 FEDERAL POINT ROAD	
City-St-Zip:	HASTINGS, FL 32145	
Title:	T	( ) Delete
Name:	SINGLETON, BETTY	
Address:	9313 B OLD PALATKA / HASTINGS HWY.	
City-St-Zip:	HASTINGA, FL 32145	
Title:	D	( ) Delete
Name:	WITHERSPOON, TONI W MINISTE	
Address:	8150 BERNS LANE LOT A	
City-St-Zip:	HASTINGS, FL 32145	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: CLYDE A. WITHERSPOON PD 04/10/2007

Electronic Signature of Signing Officer or Director — Date