

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007276

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

118 LOUIS BORER ROAD
EAST PALATKA, FL 32131

New Principal Place of Business:

139 MAIN STREET
A
HASTINGS, FL 32145

Current Mailing Address:

P.O. BOX 1287
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-3593215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: VD (X) Change () Addition
Name: SINGLETON, MARTHA ELDER
Address: RT. 2, BOX 172
City-St-Zip: HASTINGS, FL 32145

Title: D (X) Change () Addition
Name: BROWN, JOYCE E
Address: 560 FEDERAL POINT ROAD
City-St-Zip: HASTINGS, FL 32145

Title: D (X) Change () Addition
Name: WITHERSPOON, ANTONIO A MINISTE
Address: 8150 BERNS LANE LOT A
City-St-Zip: HASTINGS, FL 32145

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: CLYDE ANDRE WITHERSPOON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date