2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# N99000007276

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

Current Principal Place of Business:

139 MAIN STREET
A
HASTINGS, FL 32145

New Principal Place of Business:

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 (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
Name: WITHERSPOON, CLYDE A PASTOR
Address: 8150 BERNS LN. LOT A
City-St-Zip: HASTINGS, FL 32145

Title: VD
Name: SINGLETON, MARTHA ELDER
Address: RT. 2, BOX 172 OLD HASTINGS ROAD
City-St-Zip: HASTINGS, FL 32145

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

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

Title: D
Name: WITHERSPOON, TONI W MINISTE
Address: 8150 BERNS LANE LOT A
City-St-Zip: HASTINGS, FL 32145

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: CLYDE ANDRE WITHERSPOON PD 04/30/2011

Electronic Signature of Signing Officer or Director — Date