

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006274

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC4547432847**

**Entity Name:** GREATER HOPE MINISTRIES INC.

**Current Principal Place of Business:**

1702 NORTH DAVIS STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1702 NORTH DAVIS STREET  
JACKSONVILLE, FL 32209

**FEI Number:** 42-1549661

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, BRUCE E. SR.  
5519 KILKEE CT.  
JACKSONVILLE, FL 32244 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:** BRUCE E. COHEN SR.

03/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name COHEN, BRUCE E. SR.  
Address 5519 KILKEE CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name COHEN, FAYE M  
Address 5519 KILKEE CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name COHEN, KEVIN D  
Address 5519 KILKEE CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name LAMPKIN, NATHAN  
Address 1659 W. 4TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name BROWN-FLOYD, VERA J  
Address 1076 MACKINAW ST.  
City-State-Zip: JACKSONVILLE FL 32254

*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:** BRUCE E. COHEN SR.

**PRESIDENT/DIRECTOR**

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date