

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008120

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC6704268869**

**Entity Name:** A BRIDGE OF HOPE MINISTRIES INCORPORATED

**Current Principal Place of Business:**

503 E. JACKSON STREET #322  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 3960  
CORDOVA, TN 38088

**FEI Number:** 74-3217327

**Certificate of Status Desired:** Yes

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

BENSON, KIMBERLY  
503 E. JACKSON STREET #322  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BENSON, KIMBERLY  
Address 7938 HUNTERS CROSSING DRIVE  
City-State-Zip: CORDOVA TN 38018

Title S  
Name MORRIS-HOPSON, FRANCES  
Address 1772 MEADOW BARK COVE  
City-State-Zip: CORDOVA TN 38018

Title V  
Name BENSON, DARYL  
Address 7938 HUNTERS CROSSING  
City-State-Zip: CORDOVA TN 38018

Title D  
Name PURHAM, REGINALD  
Address 4842 VALLEY VON WAY  
City-State-Zip: ARLINGTON TN 38002

Title SECRETARY  
Name BOYLE, LYNDAY  
Address 7001 DUSTY TRAIL LANE  
City-State-Zip: MEMPHIS TN 38133

*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:** KIMBERLY BENSON

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date