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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722474 (4)

1. Corporation Name

HOPE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

Mailing Address

7305 MUSHINSKI RD
P.O. BOX 22789
TAMPA FL 33625
USP.O. BOX 22789
P.O. BOX 22789
TAMPA FL 33622-2789
US3. Date Incorporated or Qualified
01/18/19723a. Date of Last Report
05/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGH, JACK
7305 MUSHINSKI RD
TAMPA FL 33625

81 Name

ARLIE COLE

82 Street Address (P.O. Box Number is Not Acceptable)

7305 MUSHINSKI RD.

83

84 City

TAMPA

FL

85

Zip Code
33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ARLIE F. COLE - DIRECTOR / AGENT

02-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C/D	<input type="checkbox"/> DELETE
NAME	SCHAFFER, RONALD, L (DR)	
STREET ADDRESS	7305 MUSHINSKI RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARLIE, COLE (DR.)	
STREET ADDRESS	P.O. BOX 22789 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HESTON, RICHARD	
STREET ADDRESS	P.O. BOX 22789 N/A	
CITY-ST-ZIP	FRANKLIN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRELL LEWIS DR.	
STREET ADDRESS	7305 MUSHINSKI RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGH, JACK	
STREET ADDRESS	7305 MUSHINSKI RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHAFFER, ALFRED	
STREET ADDRESS	P.O. BOX 22789 N/A	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLIE F. COLE 02-17-97 813-962-1352

Date

Daytime Phone # 0048608

CR2E037 (9/96)