

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2004  
Secretary of State**

DOCUMENT# 750160

Entity Name: HOPE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1490 BANKS RD  
MARGATE, FL 33063 US

**New Principal Place of Business:**

1490 BANKS RD  
MARGATE, FL 33063 US

**Current Mailing Address:**

P.O. BOX 6498  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 59-1981467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CIOFFI, VINCENT F  
3603 CYPRESS FERN WAY  
CORAL SPRINGS, FL 33065

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

CIOFFI, VINCENT F  
1490 BANKS RD  
MARGATE, FL 33063

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: VINCENT F. CIOFFI

04/21/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CIOFFI, VINCENT F.,  
Address: 3603 CYPRESS FERN WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: SANTIAGO, MARTIN J  
Address: 7915 W UPPER RIDGE DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: THOMAS, RICHARD  
Address: 10091 NW 39TH CT  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINCENT F. CIOFFI

DIR

04/21/2004

Electronic Signature of Signing Officer or Director

Date