

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001943

**FILED
Jun 30, 2004
Secretary of State**

Entity Name: HOPE INTERNATIONAL MENTORING CENTER, INC.

Current Principal Place of Business:

1001 IVES DIARY RD., SUITE 206
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1001 IVES DIARY RD., SUITE 206
MIAMI, FL 33179

New Mailing Address:

FEI Number: 56-2347261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF CRAIG M. DORNE, P.A.
407 LINCOLN RD., PENTH. SOUTHEAST
MIAMI BCH, FL 33139

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: D () Delete
Name: SWILLEY, W. DUANE
Address: 1001 IVES DIARY RD., SUITE 206
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SWILLEY, DEBORAH L
Address: 1001 IVES DIARY RD., SUITE 206
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SWILLEY, JOSHUA E
Address: 1001 IVES DIARY RD., SUITE 206
City-St-Zip: MIAMI, FL 33179

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: DUANE SWILLEY

D

06/30/2004

Electronic Signature of Signing Officer or Director

Date