


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001943**  
 1. Entity Name  
 HOPE INTERNATIONAL MENTORING CENTER, INC.



Principal Place of Business      Mailing Address  
 1001 IVES DIARY RD., SUITE 206      1001 IVES DIARY RD., SUITE 206  
 MIAMI, FL 33179      MIAMI, FL 33179



01072005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 56-2347261      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAW OFFICES OF CRAIG M. DORNE, P.A.  
 407 LINCOLN RD., PENTH. SOUTHEAST  
 MIAMI BCH, FL 33139

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | D                              |
| NAME           | SWILLEY, W. DUANE              |
| STREET ADDRESS | 1001 IVES DIARY RD., SUITE 206 |
| CITY-ST-ZIP    | MIAMI, FL 33179                |
| TITLE          | D                              |
| NAME           | SWILLEY, DEBORAH L             |
| STREET ADDRESS | 1001 IVES DIARY RD., SUITE 206 |
| CITY-ST-ZIP    | MIAMI, FL 33179                |
| TITLE          | D                              |
| NAME           | SWILLEY, JOSHUA E              |
| STREET ADDRESS | 1001 IVES DIARY RD., SUITE 206 |
| CITY-ST-ZIP    | MIAMI, FL 33179                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

U00000311878  
 04/18/05-80062-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-5 3056523900  
Date Daytime Phone #