

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002753

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** H.O.P.E.E MINISTRIES INC.

**Current Principal Place of Business:**

5059 GLEN ALAN CT  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14851  
JACKSONVILLE, FL 32238

**New Mailing Address:**

**FEI Number:** 02-0666741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS, THELMA  
866 S.W. NICHOLS TERRACE  
PORT ST. LUCIE, FL 34953 US

**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:** P  
**Name:** HOUSE, BEATRICE  
**Address:** 5059 GLEN ALAN CT  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** V  
**Name:** HOUSE, WINFORD  
**Address:** 5059 GLEN ALAN CT  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** S/T  
**Name:** LEE, NOEL  
**Address:** 2138 WEST 17TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** BM  
**Name:** JOHNSON, ROSE  
**Address:** 592 MARTIN LUTHER KING JR. DR.  
**City-St-Zip:** BALDWIN, FL 32234

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:** BEATRICE HOUSE

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date