

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004548

FILED
Apr 24, 2006
Secretary of State

Entity Name: PEOPLE OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

2918 NORTH CORD STREET #4
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

2918 NORTH CORD STREET #4
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, RODNEY
2918 NORTH CORD STREET #4
TAMPA, FL 33605 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 () Delete
Name: WILLIAMS, RODNEY PRESIDE
Address: 2918 NORTH CORD STREET #4
City-St-Zip: TAMPA, FL 33605 US

Title: VP () Delete
Name: WILLIAMS, MARILYN VICE PR
Address: 2918 NORTH CORD STREET #4
City-St-Zip: TAMPA, FL 33605 US

Title: SECR () Delete
Name: ECHEVARRIA, MITCHELL SECRETA
Address: 1904 FRUITRIDGE STREET
City-St-Zip: BRANDON, FL 33510 US

Title: TRE () Delete
Name: JOHNSON, LEROY TREA
Address: 6405 NORTH 34TH STREET
City-St-Zip: TAMPA, FL 33610 US

Title: T () Delete
Name: WILLIAMS, ALBERTHA T
Address: 5006-6 BROADWAY AVE
City-St-Zip: TAMPA, FL 33619 US

Title: T () Delete
Name: WILLIAMS, ALMA T
Address: 6801 NORTH 47TH STREET
City-St-Zip: TAMPA, FL 33610 US

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:

Title: () Change () Addition
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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 Chapter 119, 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: MARILYN WILLIAMS

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date