

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004548

FILED  
Apr 30, 2007  
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:

2918 NORTH CORD STREET  
#4  
TAMPA, FL 33605 US

## Current Mailing Address:

2918 NORTH CORD STREET #4  
TAMPA, FL 33605 US

## New Mailing Address:

2918 NORTH CORD STREET  
#4  
TAMPA, FL 33605 US

FEI Number: 73-1735285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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  
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 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: RODNEY WILLIAMS

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date