


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90123 001 \*\*\*\*70.00

<b>DOCUMENT # N05000009146</b>			
1. Entity Name <b>HOPE TO THE WORLD CHURCH, INC.</b>			
Principal Place of Business <b>PO BOX 1032 GAINESVILLE, FL 32602</b>		Mailing Address <b>PO BOX 1032 GAINESVILLE, FL 32602</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1499</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Gainesville, FL</b>	
Zip	Country	Zip	Country
<b>32602</b>		<b>32602</b>	
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REED, ROBINSKY A 205 SE 16TH AVE APT 14-B GAINESVILLE, FL 32601</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Robinsky A. Reed</i>		SIGNATURE <i>Robinsky A. Reed</i> <b>3-19-06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REED, ROBINSKY A 205 SE 18TH AVE APT 14-B GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REED, SANDRA S 205 SE 18TH AVE APT 14-B GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, ROBERT H PO BOX 103 GAINESVILLE, FL 32602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEALY, LEANETTA 1266 SE 12TH AVE GAINESVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTEFIELD, BRENDA 7427 NW 39TH AVE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Curtis Jefferson 2205 NW 77th Street Gainesville, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, GEORGE 801 SE 18TH TERR GAINESVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fort, George 801 SE 18th Terrace Gainesville, FL 32641</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robinsky A. Reed</i>		SIGNATURE: <i>Robinsky A. Reed</i> <b>03-19-06</b> <b>352-376-6447</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

00000120



01272006 Chg-NP CR2E037 (11/05)