


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90007 046 \*\*\*\*70.00

**DOCUMENT # N05000009146**  
 1. Entity Name  
 HOPE TO THE WORLD CHURCH, INC.



Principal Place of Business      Mailing Address  
 PO BOX 1032      PO BOX 1499  
 GAINESVILLE, FL 32602      GAINESVILLE, FL 32602

66003607



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 84-1681753	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REED, ROBINSKY A  
 205 SE 16TH AVE APT 14-B  
 GAINESVILLE, FL 32601

**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: *Robinsky A. Reed*      DATE: *Jan. 13, 2008*  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REED, ROBINSKY A 205 SE 16TH AVE APT 14-B GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REED, SANDRA S 205 SE 16TH AVE APT 14-B GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, ROBERT H PO BOX 103 GAINESVILLE, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEALY, LEANETTA 1266 SE 12TH AVE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, CURTIS 2205 NW 77TH ST GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORT, GEORGE 801 SE 18TH TERR GAINESVILLE, FL 32641

**DO NOT WRITE IN THIS SPACE**

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: *Robinsky A. Reed*      Date: *3-13-08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #