FILED
Jun 22, 2007 8:00 am
Secretary of State
04-23-2007 90265 043 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010197

1. Entity Name
WORLD HOPE MISSIONS MINISTRY, INC.

66019657

Principal Place of Business	Mailing Address
524 TIMBER RIDGE RD LONGWOOD, FL 32779 US	P.O.BOX 915753 LONGWOOD, FL 32791 US

04192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2731 WEST STATE RD 434	
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc.
City & State LONGWOOD, FL	City & State
Zip 32779 Country US	Zip Country

4. FEI Number
20-5637718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 248 ORLANDO, FL 32819	Name: JONATHAS D. MOREIRA Street Address (P.O. Box Number is Not Acceptable): 524 TIMBER RIDGE DR. STE 246 City: LONGWOOD FL Zip Code: 32779

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: JONATHAS D. MOREIRA 04/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MOREIRA, JONATHAS D 524 TIMBER RIDGE RD LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUCKNAM, ROBERT 7875 EDELWEISS COURT BOULDER, CO 80303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DE MELLO, LILIAN 524 TIMBER RIDGE RD LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUCKNAM, GAYLE 7875 EDELWEISS COURT BOULDER, CO 80303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE SOUZA, SAMUEL JR 1222 NELLON TREE CT GOTHA, FL 34734	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURKETT, KEVIN 1701 SOUTH HILLS AVE. ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBOSA, MAURO 201 SE 6TH AVE POMPANO BEACH, FL 33060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BURKETT, JULIE 1701 SOUTH HILLS AVE. ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE FREITAS, MARCELO 4312 NATCHEZ TRACE DR ST CLOUD, FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DNP FOX, PETER 950 LANCASTER DR. ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOX, JANE 950 LANCASTER DR. ORLANDO, FL 32806	☐ Change ☒ Addition

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: 5-15-07 321-441-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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City & State: LONGWOOD, FL	City & State
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOREIRA, JONATHAS D 524 TIMBER RIDGE RD LONGWOOD, FL 32779	☐ Delete	D PARKS, WALT 296 TORPOINT GATE RD LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DE MELLO, LILIAN 524 TIMBER RIDGE RD LONGWOOD, FL 32779	☐ Delete	D PARKS, BARBARA 296 TORPOINT GATE RD LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DE SOUZA, SAMUEL JR 1222 NELLON TREE CT GOTHA, FL 34734	☒ Delete	D SAND, MARK 1401 NORTH NEWYORK AVE. WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBOSA, MAURO 201 SE 6TH AVE POMPANO BEACH, FL 33060	☒ Delete	D SAND, LESLIE 1401 NORTH NEW YORK AVE WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE FREITAS, MARCELO 4312 NATCHEZ TRACE DR ST CLOUD, FL 34769	☒ Delete	D UNCAPHER, KENNETH 1625 PINE BLUFF AVE. ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D UNCAPHER, SUSANNE 1625 PINE BLUFF AVE. ORLANDO, FL 32806	☐ Change ☒ Addition

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SIGNATURE: 5-15-07 321-441-4179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #