

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16584

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE LIVING HOPE INTERNATIONAL MINISTRY, INC.

Current Principal Place of Business:

909 29TH ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 560403
ORLANDO, FL 328560403 US

New Mailing Address:

FEI Number: 59-2719309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CARETHA E
2631 MONTE CARLO TRAIL
ORLANDO,, FL 32705 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: PD () Delete
Name: BROWN, CARETHA E
Address: 2631 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805 US

Title: VD () Delete
Name: BROWN, JAMES O SR.
Address: 2631 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805 US

Title: SD () Delete
Name: SYLVESTER, GERALDINE S
Address: 107 HARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: TD () Delete
Name: WRIGHT, LESTER
Address: 1524 LAMPLIGHT WAY
City-St-Zip: ORLANDO, FL 32818 US

Title: D () Delete
Name: POLLACK, BOB
Address: 8761THE ESPLANADE - APT 28
City-St-Zip: ORLANDO, FL 32836 US

Title: D () Delete
Name: SMITH, CECILE B
Address: 5801 PETUNIA LANE
City-St-Zip: ORLANDO, FL 32821 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: D (X) Change () Addition
Name: MIDDLETON, MAUDE E
Address: 8020 DRESSAGE DRIVE
City-St-Zip: ORLANDO, FL 32818 US

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: CARETHA E. BROWN

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date