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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40783** (5)  
1. Corporation Name  
**HOPE TABERNACLE MINISTRIES, INC.**

Principal Place of Business Mailing Address  
P O BOX 539 AVON PARK FL 33825 P O BOX 539 AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2889652** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**HAAS, REV. MARK ALAN**  
**36 EAST MAIN STREET**  
**AVON PARK FL 33825**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark Alan Haas* DATE **1-26-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAAS, REV. MARK ALAN
STREET ADDRESS	1369 N EAST VIOLA RD
CITY-ST-ZIP	AVON PARK FL
TITLE	TD
NAME	HAYMAKER, JERRY D
STREET ADDRESS	1826 W "K" ST
CITY-ST-ZIP	AVON PARK FL
TITLE	SD
NAME	WHITEHURST, CHARLES E.
STREET ADDRESS	102 E. PLEASANT ST.
CITY-ST-ZIP	AVON PARK FL
TITLE	-D-
NAME	-CONLEY-JUDSON
STREET ADDRESS	-117 VIRGINIA AVE-
CITY-ST-ZIP	-SEBRING FL-
TITLE	-D-
NAME	-FAUST-DALE
STREET ADDRESS	-333 ELM AVE
CITY-ST-ZIP	-SEBRING FL-
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500001401465</b>
1.4 CITY-ST-ZIP	<b>-02/09/95--01093--004</b> <b>*****61 25 *****61 25</b>
2.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Crowe, Aubrey</b>
2.3 STREET ADDRESS	<b>1717 Dinner Lake Dr</b>
2.4 CITY-ST-ZIP	<b>Sebring, FL 33872</b>
3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lamb, Pearl E.</b>
3.3 STREET ADDRESS	<b>4163 Leaf Rd.</b>
3.4 CITY-ST-ZIP	<b>Sebring, FL 33872</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Delete</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Delete</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>T.S. 2/3/95</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Rev. M.A. Haas* Rev. M.A. Haas Date **1/26/95** District/Team # **813-453-5277**