

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44512** (4)

1. Corporation Name

VOICE OF HOPE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

Mailing Address

40748 COUGARS COVE
LEESBURG FL 34788
US

40748 COUGARS COVE
LEESBURG FL 34788
US

3. Date Incorporated or Qualified
07/25/1991

3a. Date of Last Report
12/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number
59-3136604

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CMC, DANIEL D.
407748 COUGARS COVE
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name **DR. DANIEL D. CIVIC, C. M. Div., M.S.T., Th.D.**
82 Street Address (P.O. Box Number is Not Acceptable)
17748 S.E. 237 COURT
83
84 City **UMATILLA, FL** 85 Zip Code **32784**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

DR. DANIEL D. CIVIC, C. M. Div., M.S.T., Th.D.

4/22/96

12. OFFICERS AND DIRECTORS DELETE

TITLE	T	<input type="checkbox"/> DELETE
NAME	REPNIK, PAVEL	
STREET ADDRESS	GRABLOVICEVA 28	
CITY - ST - ZIP	LJUBLJANA SL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CIVIC, MIRJANA	
STREET ADDRESS	17-25 MADISON STREET	
CITY - ST - ZIP	RIDGEWOOD NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IGNATOVA, IRINA N	
STREET ADDRESS	UL NOVOGIREEVSKAY 41-48	
CITY - ST - ZIP	MOSCOW RU	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CMC, DANIEL D	
STREET ADDRESS	40748 COUGARS COVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	CMC, SUSAN	
STREET ADDRESS	40748 COUGARS COVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	REPNIK, MIRJANA	
STREET ADDRESS	GRABLOVICEVA 28	
CITY - ST - ZIP	LJUBLJANA SL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY CIVIC	
1.3 STREET ADDRESS	17748 SE. 237 COURT	
1.4 CITY - ST - ZIP	UMATILLA, FL. 32784	
2.1 TITLE	C. M. Div., M.S.T., Th.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. DANIEL D. CIVIC	
2.3 STREET ADDRESS	17748 S.E. 237 COURT	
2.4 CITY - ST - ZIP	UMATILLA, FL. 32784	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONATHAN CIVIC	
3.3 STREET ADDRESS	17748 S.E. 237 COURT	
3.4 CITY - ST - ZIP	UMATILLA, FL. 32784	
4.1 TITLE	S.D.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUSAN CIVIC	
4.3 STREET ADDRESS	17748 S.E. 237 COURT	
4.4 CITY - ST - ZIP	UMATILLA, FL. 32784	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 119.07(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. DANIEL D. CIVIC,

Date

4/22/96

Daytime Phone

(904) 669-1150

CR2E037 (12/95)