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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34788-8304
US

3. Date Incorporated or Qualified
07/25/1991

3a. Date of Last Report
05/01/1996

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

29

30

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

10. Name and Address of New Registered Agent

CIMC, DANIEL D.
17748 SE 237 COURT
UMATILLA FL 32784

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE
NAME REPNIK, PAVEL
STREET ADDRESS GRABLOVCEVA 28
CITY-ST-ZIP LJUBLJANA SL

1.1 TITLE
1.2 NAME CAROLYN WARREN Change Addition
1.3 STREET ADDRESS 475 UMATILLA BLVD D.C.
1.4 CITY-ST-ZIP UMATILLA, FL 32784

TITLE T DELETE
NAME CIMC, TIMOTHY
STREET ADDRESS 17748 SE 237 COURT
CITY-ST-ZIP UMATILLA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 500 W. PARK NEW LIFE RETREAT P.O. BOX 342
2.4 CITY-ST-ZIP GLAGSMOOR, NY 12420 Change Addition

TITLE T DELETE
NAME IGNATOVA, IRINA N
STREET ADDRESS UL NOVOGIREEVSKAY 41-48
CITY-ST-ZIP MOSCOW RU

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE PD DELETE
NAME CIMC, DANIEL D
STREET ADDRESS 17748 SE 237 COURT
CITY-ST-ZIP UMATILLA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE SDT DELETE
NAME CIMC, SUSAN
STREET ADDRESS 17748 SE 237 COURT
CITY-ST-ZIP UMATILLA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE DT DELETE
NAME REPNIK, MIRJANA
STREET ADDRESS GRABLOVCEVA 28
CITY-ST-ZIP LJUBLJANA SL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/25/97 (352) 669-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0070661

CR2E037 (9/96)