

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 06 1998 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT. CORPORATION ANNUAL REPORT 1997 8 |  | 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.

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|---|--|
| Principal Place of Business 40748 COUGARS COVE LEESBURG FL 34788 US | Mailing Address 40748 COUGARS COVE LEESBURG FL 34788-8304 US |
|---|--|

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|--|--|
| 3. Date Incorporated or Qualified 07/25/1991 | 3a. Date of Last Report 05/01/1996 |
|--|--|

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|--|--|
| 2. Principal Place of Business 21 345 N. GROVE ST Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 17748 SE 237 COURT Suite, Apt. #, etc. 27 |
| City & State 23 EVISTIS FL | City & State 28 UMATILLA FL |
| Zip 24 32726 Country 25 LAKE | Zip 29 32784 Country 30 MARION |

| | |
|--|--|
| 4. FEI Number 59-3136604 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**CIVIC, DANIEL D.
17748 SE 237 COURT
UMATILLA FL 32784**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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]* **DANIEL CIVIC** DATE **9/23/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|-------------------------------|--|
| TITLE | T | |
| NAME | REPNIK, PAVEL | |
| STREET ADDRESS | GRABLOVICEVA 28 | |
| CITY-ST-ZIP | LJUBLJANA SL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | CIVIC, TIMOTHY | |
| STREET ADDRESS | 17748 SE 237 COURT | |
| CITY-ST-ZIP | UMATILLA FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | IGNATOVA, IRINA N | |
| STREET ADDRESS | UL NOVOGIREVSKAY 41-48 | |
| CITY-ST-ZIP | MOSCOW RU | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CIVIC, DANIEL D | |
| STREET ADDRESS | 17748 SE 237 COURT | |
| CITY-ST-ZIP | UMATILLA FL | |
| TITLE | SDT | <input checked="" type="checkbox"/> DELETE |
| NAME | CIVIC, SUSAN | |
| STREET ADDRESS | 17748 SE 237 COURT | |
| CITY-ST-ZIP | UMATILLA 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------------------|---------------------------------|--|
| 1.1 TITLE | S | | |
| 1.2 NAME | CAROLYN WARREN | | |
| 1.3 STREET ADDRESS | 475 UMATILLA BLVD | | |
| 1.4 CITY-ST-ZIP | UMATILLA, FL 32784 | | |
| 2.1 TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | 500 W. PARK | | |
| 2.3 STREET ADDRESS | NEW LIFE RETREAT P.O. BOX 542 | | |
| 2.4 CITY-ST-ZIP | GRAGSMOOR, NY 12420 | | |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | 600002657436 | | |
| 4.3 STREET ADDRESS | -10/07/98-01020-000 | | |
| 4.4 CITY-ST-ZIP | ***122.50 | | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information included 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.

CR2E037 (9/96)