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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N44512

1. Corporation Name
VOICE OF HOPE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business
 345 N. GROVE ST.
 EUSTIS FL 32726
 US

Mailing Address
 17748 S.E. 237 COURT
 UMATILLA FL 32784



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	07/25/1991
23	City & State	27	4. FEI Number
24	Zip	28	59-3136604
25	Country	29	Applied For
30		30	Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CIVIC, DANIEL D. 17748 SE 237 COURT UMATILLA FL 32784		81 Name	DANIEL D. CIVIC
		82 Street Address (P.O. Box Number is Not Acceptable)	345 N. GROVE ST
		83	
		84 City	EUSTIS FL 85 Zip Code 32726

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. **DANIEL D. CIVIC**
 SIGNATURE: _____ DATE: 1/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPNIK, PAVEL	1.2 NAME	
STREET ADDRESS	GRABLOVICEVA 28	1.3 STREET ADDRESS	
CITY-ST-ZIP	LJUBLJANA SL	1.4 CITY-ST-ZIP	
TITLE	SDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, CAROLYN	2.2 NAME	
STREET ADDRESS	475 UMATILLA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGNATOVA, IRINA N	3.2 NAME	
STREET ADDRESS	UL NOVOGIREEVSKAY 41-48	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOSCOW RU	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVIC, DANIEL D	4.2 NAME	
STREET ADDRESS	17748 SE 237 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAR, SOO W	5.2 NAME	
STREET ADDRESS	NEW MFE RETREAT, P.O. BOX 342N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAGSMOOR NY	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPNIK, MIRJANA	6.2 NAME	
STREET ADDRESS	GRABLOVICEVA 28	6.3 STREET ADDRESS	
CITY-ST-ZIP	LJUBLJANA SL	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/1/99 (352) 589-4497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)