

**FILE NOW: FILING FEE IS \$61.2**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000000146 (9)**

1. Corporation Name

**ELPIS OUTREACH MINISTRIES INC.**



Principal Place of Business  
**9900 SW 168 ST  
#05  
MIAMI FL 33157**

Mailing Address  
**9900 SW 168 ST  
#05  
MIAMI FL 33157**

3. Date Incorporated or Qualified  
**01/09/1995**

3a. Date of Last Report

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number  
**65-0549736**

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**

**HOPE, JOHN C SR.  
9900 SW 168 ST  
#05  
MIAMI FL 33157**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPE, JOHN C SR.</b>
STREET ADDRESS	<b>9900 SW 168 ST #05</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPE, MONA M</b>
STREET ADDRESS	<b>20954 SW 85 PASSAGE</b>
CITY-ST-ZIP	<b>MIAMI FL 33189-3326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPE, JOHN C JR.</b>
STREET ADDRESS	<b>16530 SW 299 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33033</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPE, D. KEVIN</b>
STREET ADDRESS	<b>1317 MOHR LAKE DR</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPE, JENNIFER U</b>
STREET ADDRESS	<b>15325 SW 102 RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **JOHN C HOPE SR** **04/27/95** **(305) 234-7818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)