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Sep 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000146

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
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2. Principal Place of Business 21 17350 SOUTH DIXIE HWY Suite, Apt. #, etc. 22	2a. Mailing Address 26 17350 SOUTH DIXIE HIGHWAY Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 01/09/1995
23 MIAMI, FLORIDA City & State 24 33157-4319 Zip 25 USA Country	28 MIAMI, FLORIDA City & State 29 33157-4319 Zip 30 USA Country	4. FEI Number 65-0549736 Applied For Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

HOPE, JOHN C SR.
 9900 SW 168 ST
 #05
 MIAMI FL 33157 - 4319

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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: John C Hope JOHN C HOPE - PRESIDENT DATE: 08/20/99
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	D HOPE, JOHN C SR. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, JOHN C SR.	1.2 NAME	
STREET ADDRESS	9900 SW 168 ST #05	1.3 STREET ADDRESS	17350 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI, FL 33157-4319
TITLE	D HOPE, MONA M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, MONA M	2.2 NAME	
STREET ADDRESS	20954 SW 85 PASSAGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189-3326	2.4 CITY-ST-ZIP	
TITLE	D HOPE, JOHN C JR. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, JOHN C JR.	3.2 NAME	
STREET ADDRESS	16530 SW 299 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33033	3.4 CITY-ST-ZIP	
TITLE	D HOPE, D. KEVIN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, D. KEVIN	4.2 NAME	
STREET ADDRESS	1317 MOHR LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	
TITLE	D HOPE, JENNIFER U <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, JENNIFER U	5.2 NAME	
STREET ADDRESS	15325 SW 102 RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John C Hope JOHN C HOPE - PRESIDENT DATE: 08/20/99 DAYTIME PHONE #: (305) 7234-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)