

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000146

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ELPIS OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

20954 S.W 85 PASSAGE  
CUTLER BAY, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

20954 S.W 85 PASSAGE  
CUTLER BAY, FL 33189 US

**New Mailing Address:**

FEI Number: 65-0549736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOPE, JOHN C SR.  
20954 S.W. 85 PASSAGE  
CUTLER BAY, FL 33189 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOPE, JOHN C SR.  
Address: 20954 S.W. 85 PASSAGE  
City-St-Zip: CUTLER BAY, FL 33189

Title: D ( ) Delete  
Name: HOPE, MONA M  
Address: 20954 SW 85 PASSAGE  
City-St-Zip: CUTLER BAY, FL 331893326

Title: D ( ) Delete  
Name: HOPE, JOHN C JR.  
Address: 16530 SW 299 ST  
City-St-Zip: MIAMI, FL 33033

Title: D ( ) Delete  
Name: HOPE, D. KEVIN  
Address: 1317 MOHR LAKE DR  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: HOPE, JENNIFER U  
Address: 15325 SW 102 RD  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. HOPE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRE.

04/23/2009

\_\_\_\_\_  
Date