
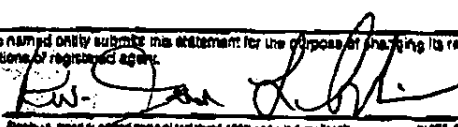
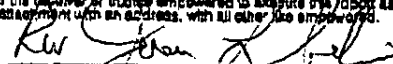


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/6

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-06-2004 90170 018 ****61.25

DOCUMENT # N99000002487			
1. Entity Name LIGHT OF HOPE TABERNACLE, INC.			
Principal Place of Business 22583 SW 68TH AVE P214 BOCA RATON, FL 33428		Mailing Address POST OFFICE BOX 1932 BOCA RATON, FL 33428	
B. Principal Place of Business		B. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0814407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and except the obligations of registered agent.			
SIGNATURE: 		Date: 4/29/04	
FDling Fee is \$81.35 Due by September 8, 2004		B. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		\$8.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
16. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	P CALICE, JEAN L	22583 SW 68TH AVE P214	BOCA RATON, FL 33428
<input type="checkbox"/> Delete	BD DORY, MADINE	22583 SW 68TH AVE P214	BOCA RATON, FL 33428
<input type="checkbox"/> Delete	TD CALICE, MARIE S	22583 SW 68TH AVE P214	BOCA RATON, FL 33428
<input type="checkbox"/> Delete	D BASTIEN, LESLY	22583 SW 68TH AVE P214	BOCA RATON, FL 33428
<input type="checkbox"/> Delete	D DORY, JEAN	22583 SW 68TH AVE P214	BOCA RATON, FL 33428
<input type="checkbox"/> Delete			
17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 16 or Block 17 if changed, or on an attachment with an address, with all other like employees.			
SIGNATURE: 		Date: 6/15/04	
SIGNATURE AND TITLE OR PEOPLE NAME OF AGENT OR FILER OR PREPARED		Date	

66428696



05032004 CHG-NP CR2E057 (1/3/03)