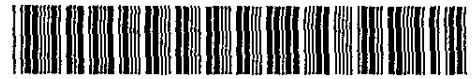


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003370 1. Entity Name MISSION OF HOPE WORSHIP CENTER INC.					
Principal Place of Business 5400 HERNANDEZ DRIVE ORLANDO FL 32808		Mailing Address 5400 HERNANDEZ DRIVE ORLANDO FL 32808			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3578660	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818				7. Name and Address of New Registered Agent 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reapplying) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 8, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARCH, NOEL 4755 KING COLE BLVD ORLANDO FL 32811	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRASER, EVADNEY 2880 SILVER RIDGE DRIVE ORLANDO FL 32818	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKENZIE, ORVILLE 5401 IDLE WILD COURT ORLANDO FL 32818	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			



MOORE CR2E037 (4/04)

4. FEI Number 59-3578660 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reapplying) DATE _____

FILE NOW: FEE IS \$61.25
Due By September 8, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARCH, NOEL 4755 KING COLE BLVD ORLANDO FL 32811	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRASER, EVADNEY 2880 SILVER RIDGE DRIVE ORLANDO FL 32818	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKENZIE, ORVILLE 5401 IDLE WILD COURT ORLANDO FL 32818	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Orville MCKENZIE*

081905 7 00326746 0033