

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003370

FILED
Jul 01, 2006
Secretary of State

Entity Name: MISSION OF HOPE WORSHIP CENTER INC.

Current Principal Place of Business:

5400 HERNANDES DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

5400 HERNANDES DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3578660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRASER, ARNOLD
2880 SILVER RIDGE DR.
ORLANDO, FL 32818 US

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: PD () Delete
Name: FRASER, ARNOLD
Address: 2880 SILVER RIDGE DR.
City-St-Zip: ORLANDO, FL 32818

Title: VPT () Delete
Name: MARCH, NOEL
Address: 4755 KING COLE BLVD
City-St-Zip: ORLANDO, FL 32811

Title: VPT () Delete
Name: FRASER, EVADNEY
Address: 2880 SILVER RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: ST () Delete
Name: MCKENZIE, ORVILLE
Address: 5401 IDLE WILD COURT
City-St-Zip: ORLANDO, FL 32818

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD FRASER

PD

07/01/2006

Electronic Signature of Signing Officer or Director

Date