FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:01

DOCUMENT # **722474** **(4)**

HOPE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
7305 MUSHINSKI RD [redacted] P.O. BOX 22789 TAMPA FL 33625	7305 MUSHINSKI RD [redacted] P.O. BOX 22789 TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1972	3a. Date of Last Report: 04/22/1994
4. FEI Number: 62-0879012	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 7305 MUSHINSKI RD.	26 P.O. Box 22789
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: TAMPA, FL
24 Zip: 33625 25 Country: USA	29 Zip: 33622 30 Country: USA

9. Name and Address of Current Registered Agent

~~SCHAFFER,RONALD L.~~
~~7305 MUSHINSKI RD~~
~~TAMPA FL 33622~~

10. Name and Address of New Registered Agent

81 Name: HIGH, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 7305 MUSHINSKI RD
83
84 City: TAMPA FL 85 Zip Code: 33625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE: Jack L. High (Registered Agent signature required for filing) 1.17.95 DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
TITLE: C/D NAME: SCHAFFER, RONALD, L (DR) STREET ADDRESS: 7305 MUSCHINSKI RD CITY-ST-ZIP: TAMPA FL 33625	11 TITLE: C/D ☐ Change ☐ Addition 12 NAME: SCHAFFER, RONALD L (DR.) 13 STREET ADDRESS: 7305 MUSHINSKI RD. 14 CITY-ST-ZIP: TAMPA, FL 33625
TITLE: PD NAME: MCGOWAN, LINDY A (DR.) STREET ADDRESS: RT 4, MUSHINSKI RD. CITY-ST-ZIP: TAMPA FL	21 TITLE: D ☐ Change ☐ Addition 22 NAME: COLE ARLIE (DR.) (N/A) 23 STREET ADDRESS: PO Box 22789 24 CITY-ST-ZIP: TAMPA, FL 33622
TITLE: VS NAME: SCHAFFER,MARTHA A STREET ADDRESS: 5847 DECKER ROAD CITY-ST-ZIP: FRANKLIN OH	31 TITLE: D/S ☐ Change ☐ Addition 32 NAME: HESTON, RICHARD 33 STREET ADDRESS: PO Box 22789 34 CITY-ST-ZIP: TAMPA, FL 33622 (N/A)
TITLE: D NAME: FERRELL LEWIS DR. STREET ADDRESS: P.O. BOX 191 MAIN ST CITY-ST-ZIP: TAMPA FL 33622	41 TITLE: D ☐ Change ☐ Addition 42 NAME: FERRELL, LEWIS DR. 43 STREET ADDRESS: 7305 MUSHINSKI RD. 44 CITY-ST-ZIP: TAMPA, FL 33625
TITLE: D NAME: HIGH,JACK STREET ADDRESS: P.O.BOX 22789 CITY-ST-ZIP: TAMPA FL 33622	51 TITLE: D ☐ Change ☐ Addition 52 NAME: HIGH, JACK DR 53 STREET ADDRESS: 7305 MUSHINSKI RD. 54 CITY-ST-ZIP: TAMPA, FL 33625
TITLE: D NAME: SCHAFFER, ALFRED STREET ADDRESS: RT. 4, MUSHINSKI RD. CITY-ST-ZIP: TAMPA FL	61 TITLE: T/D ☐ Change ☐ Addition 62 NAME: SCHAFFER, ALFRED 63 STREET ADDRESS: PO Box 22789 64 CITY-ST-ZIP: TAMPA, FL 33622 (N/A)

PRINT "S"

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE: [signature] 1-17-95 513-962-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DR. RONALD L. SCHAFFER

0094737