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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90239 022 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722474**

1. Corporation Name

**HOPE INTERNATIONAL MINISTRIES, INC.**

406311-90239-22



Principal Place of Business

7305 MUSHINSKI RD  
P.O. BOX 22789  
TAMPA FL 33625  
US

Mailing Address

P.O. BOX 22789  
P.O. BOX 22789  
TAMPA FL 33622  
US

2. Principal Place of Business

21 **11415 HOPE INTERNATIONAL DR.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **11415 HOPE INTERNATIONAL DR.**  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**01/18/1972**

4. FEI Number

**62-0879012**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

City & State

23 **Tampa, FL**

City & State

28 **Tampa, FL**

Zip Country

24 **33625** 25 **Hausborough**

Zip Country

29 **33625** 30 **Hausborough**

9. Name and Address of Current Registered Agent

COLE, ALICE  
7305 MUSCHINSKI RD.  
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name **ARLIE COLE**

82 Street Address (P.O. Box Number is Not Acceptable)

**11415 HOPE INTERNATIONAL DR.**

83

84 City **Tampa**

**FL**

85 Zip Code **33625**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**04-10-99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C/D ☒ DELETE

NAME **SCHAFER, RONALD, L (DR)**

STREET ADDRESS **7305 MUSHINSKI RD.**

CITY-ST-ZIP **TAMPA FL**

TITLE D/P ☒ DELETE

NAME **ARLIE COLE (DR.)**

STREET ADDRESS **P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.**

CITY-ST-ZIP **TAMPA FL 33625**

TITLE DS ☐ DELETE

NAME **HESTON, RICHARD**

STREET ADDRESS **P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.**

CITY-ST-ZIP **TAMPA FL 33622 Tampa, FL 33625**

TITLE D ☒ DELETE

NAME **FERRELL LEWIS DR.**

STREET ADDRESS **7305 MUSHINSKI RD.**

CITY-ST-ZIP **TAMPA FL**

TITLE DT ☐ DELETE

NAME **SCHAFER, ALFRED**

STREET ADDRESS **P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.**

CITY-ST-ZIP **TAMPA FL Tampa, FL 33625**

TITLE D ☒ DELETE

NAME **MORROW, BRYAN**

STREET ADDRESS **7305 MUSHINSKI RD**

CITY-ST-ZIP **TAMPA FL 33625**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/D** ☒ Change ☐ Addition

1.2 NAME **MORROW, BRYAN**

1.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**

1.4 CITY-ST-ZIP **TAMPA, FL 33625**

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME **COLE, ARLIE P.**

2.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**

2.4 CITY-ST-ZIP **TAMPA, FL 33625**

3.1 TITLE **S/D** ☐ Change ☒ Addition

3.2 NAME **VADNEY, AL**

3.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**

3.4 CITY-ST-ZIP **TAMPA, FL 33625**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **OUTTREY, BILL**

4.3 STREET ADDRESS **11415 HOPE INTERNATIONAL DR.**

4.4 CITY-ST-ZIP **TAMPA, FL 33625**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

Date

Daytime Phone #

CR2E037 (1/1/98)