

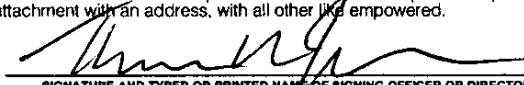


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90012 029 ****61.25

DOCUMENT # N03000002929					
1. Entity Name INTERNATIONAL HOPE FOUNDATION, INC.					
Principal Place of Business 114 E GREGORY ST PENSACOLA, FL 32501			Mailing Address 114 E GREGORY ST PENSACOLA, FL 32501		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0510028	
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		
JENKINS, THOMAS R 114 E GREGORY ST PENSACOLA, FL 32501			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: 			DATE: 2/17/07		
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change ROBERTS, MARK LEE III C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change LEE-ROBERTS, JENNY C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change JENKINS, THOMAS R 114 E. GREGORY ST. PENSACOLA, FL 32502				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A. LADON BOYD 3970 MCLELLAN RD PENSACOLA, FL 32503					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODNEY C. WILLIAMSON 4514 BARRANGER DR. PENSACOLA, FL 32514					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM D. DICKERSON 518 NAVY COVE BLVD GULF BREEZE, FL 32561					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES TALLMAN 10264 SUGAR CREEK PL PENSACOLA, FL 32514					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WALTER EUGENE SEALES 10016 AUTUMN LANE PENSACOLA, FL 32514					
<input type="checkbox"/> Change <input type="checkbox"/> Addition 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			DATE: 2/17/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 850-434-6223		