

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002753

**Entity Name:** H.O.P.E.E MINISTRIES INC.

**Current Principal Place of Business:**

5059 GLEN ALAN CT  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 14851  
JACKSONVILLE, FL 32238

**FEI Number:** 02-0666741

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OWENS, THELMA  
866 S.W. NICHOLS TERRACE  
PORT ST. LUCIE, FL 34953 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

**Officer/Director Detail :**

Title P  
Name HOUSE, BEATRICE  
Address 5059 GLEN ALAN CT  
City-State-Zip: JACKSONVILLE FL 32210

Title V  
Name HOUSE, WINFORD  
Address 5059 GLEN ALAN CT  
City-State-Zip: JACKSONVILLE FL 32210

Title S/T  
Name LEE, NOEL  
Address 2138 WEST 17TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title BM  
Name JOHNSON, ROSE  
Address 592 MARTIN LUTHER KING JR. DR.  
City-State-Zip: BALDWIN FL 32234

*I hereby 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 all other like empowered.*

**SIGNATURE:** BEATRICE HOUSE

P

05/03/2014

Electronic Signature of Signing Officer/Director Detail

Date