

2015 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: No

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 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

08/28/2015

Electronic Signature of Signing Officer/Director Detail

Date