

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006201

**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC5242400770**

**Entity Name:** HOPE FOR BRAZIL MINISTRIES, INC.

**Current Principal Place of Business:**

3616 HARDEN BLVD  
LAKELAND, FL 33803

**Current Mailing Address:**

3616 HARDEN BLVD., # 334  
LAKELAND, FL 33803 US

**FEI Number:** 27-2964456

**Certificate of Status Desired:** Yes

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

MCCLAMMA, DAVID L  
3616 HARDEN BLVD., # 334  
LAKELAND, FL 33803 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 MCCLAMMA, DAVID L  
Address 3616 HARDEN BLVD., # 334  
City-State-Zip: LAKELAND FL 33803

Title EXECUTIVE SECRETARY  
Name MCLEAD , KAREN  
Address 1633 RIDGE TOP WAY  
City-State-Zip: CLEARWATER FL 33765

Title VP  
Name MCCLAMMA, ROBIN DALE  
Address 1130 N LAKE PARKER AVE A-101  
City-State-Zip: LAKELAND FL 33805

Title CHAIRMAN  
Name CORNELL, RICHARD  
Address 204 EAST STATE RD  
City-State-Zip: SENECA PA 16346

Title VC  
Name HELM, WILLIAM DAVID  
Address 1130 N LAKE PARKER AVE B-113  
City-State-Zip: LAKELAND FL 33805

Title OFFICER  
Name EDDS, SCOTT  
Address 2614 HIGHLANDS VUE CT  
City-State-Zip: LAKELAND FL 33812

Title SECRETARY  
Name FERGUSON, ANDREA  
Address 2155 LONGLEAF CIRCLE  
City-State-Zip: LAKELAND FL 33810

Title OFFICER  
Name MILLER , ALETA  
Address 5099 IRONWOOD TRAIL  
City-State-Zip: BARTOW FL 33803

**Continues on page 2**

*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:** DAVID MCCLAMMA

**PRESIDENT**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name MILLER, BEN  
Address 5099 IRONWOOD TRAIL  
City-State-Zip: BARTOW FL 33803

Title OFFICER  
Name SLOAN, STEPHEN  
Address 3130 HARDIN COMBEE RO  
City-State-Zip: LAKELAND FL 33801

Title OFFICER  
Name HEDRICK , JAKE  
Address 5810 OAKMONT LANE  
City-State-Zip: LAKELAND FL 33812

Title OFFICER  
Name BUNTING, HENRIETTA  
Address 2116 EAST GACHET BLVD  
City-State-Zip: LAKELAND FL 33813