2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006201

Entity Name: HOPE FOR BRAZIL MINISTRIES, INC.

FILED
Mar 31, 2017
Secretary of State
CC5042635814

Current Principal Place of Business:

3616 HARDEN BLVD., # 334 LAKELAND, FL 33803

Current Mailing Address:

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

FEI Number: 27-2964456 Certificate of Status Desired: No

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	Title	OFFICER

NameMCCLAMMA, DAVID LNameMCLEAD , KARENAddress3616 HARDEN BLVD., # 334Address1633 RIDGE TOP WAYCity-State-Zip:LAKELAND FL 33803City-State-Zip:CLEARWATER FL 33765

Title VP Title CHAIRMAN

NameMCCLAMMA, ROBIN DALENameCORNELL, RICHARDAddress1130 N LAKE PARKER AVE A-101Address204 EAST STATE RDCity-State-Zip:LAKELAND FL 33805City-State-Zip:SENECA PA 16346

Title VC Title OFFICER

Name HELM, WILLIAM DAVID Name EDDS, SCOTT

Address 1130 N LAKE PARKER AVE B-113 Address 2614 HIGHLANDS VUE CT

City-State-Zip: LAKELAND FL 33805 City-State-Zip: LAKELAND FL 33812

Title SECRETARY Title OFFICER

Name FERGUSON, ANDREA Name MILLER , ALETA

Address 2155 LONGLEAF CIRCLE Address 5099 IRONWOOD TRAIL
City-State-Zip: LAKELAND FL 33810 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 03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OFFICER Title OFFICER

Name MILLER, BEN Name HEDRICK , JAKE

Address 5099 IRONWOOD TRAIL Address 5810 OAKMONT LANE
City-State-Zip: BARTOW FL 33803 City-State-Zip: LAKELAND FL 33812

Title OFFICER Title OFFICER

NameSLOAN, STEPHENNameBUNTING, HENRIETTAAddress3130 HARDIN COMBEE ROAddress2116 EAST GACHET BLVD

City-State-Zip: LAKELAND FL 33801 City-State-Zip: LAKELAND FL 33813