

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Winkler,
Secretary of State
TAMPA, FLORIDA 33604

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **722474** (4)

95 MAY -1 PM 1:01

HOPE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business: **7305 MUSHINSKI RD P.O. BOX 22789 TAMPA FL 33625**
Mailing Address: **7305 MUSHINSKI RD P.O. BOX 22789 TAMPA FL 33625**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/18/1972** 3a. Date of Last Report: **04/22/1994**
4. FEI Number: **62-0879012**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Director Campaign Financing: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. **7305 MUSHINSKI RD.** 2a. Mailing Address: **P.O. Box 22789**
22. Suite, Apt #, etc. 26. Suite, Apt #, etc.
23. **Tampa, FL** 27. **Tampa, FL**
24. **33625** 25. **USA** 28. **33622** 29. **USA**

9. Name and Address of Current Registered Agent:
**SCHAFFER, RONALD L.
7305 MUSHINSKI RD
TAMPA FL 33622**

10. Name and Address of New Registered Agent:
81. Name: **HIGH, JACK**
82. Street Address (P.O. Box Number is Not Acceptable): **7305 MUSHINSKI RD**
83. City: **TAMPA** 84. State: **FL** 85. Zip Code: **33625**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jack L. High*

1-17-95

12. OFFICERS AND DIRECTORS	
TITLE: C/D	NAME: SCHAFFER, RONALD L (DR) STREET ADDRESS: 7305 MUSCHINSKI RD CITY, ST, ZIP: TAMPA FL 33625
TITLE: PD	NAME: MCGOWAN, LINDY A (DR.) STREET ADDRESS: RT 4, MUSHINSKI RD. CITY, ST, ZIP: TAMPA FL
TITLE: VS	NAME: SCHAFFER, MARTHA A STREET ADDRESS: 5847 DECKER ROAD CITY, ST, ZIP: FRANKLIN OH
TITLE: D	NAME: FERRELL LEWIS DR. STREET ADDRESS: P.O. BOX 191 MAIN ST CITY, ST, ZIP: TAMPA FL 33622
TITLE: D	NAME: HIGH, JACK STREET ADDRESS: P.O. BOX 22789 CITY, ST, ZIP: TAMPA FL 33622
TITLE: D	NAME: SCHAFFER, ALFRED STREET ADDRESS: RT. 4, MUSHINSKI RD. CITY, ST, ZIP: TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE: C/D	12. NAME: SCHAFFER, RONALD L (DR.) <input type="checkbox"/> Change <input type="checkbox"/> Addition 13. STREET ADDRESS: 7305 MUSHINSKI RD. 14. CITY, ST, ZIP: TAMPA, FL 33625
15. TITLE: D	16. NAME: COLE, ARLIE (DR.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17. STREET ADDRESS: PO Box 22789 (N/A) 18. CITY, ST, ZIP: TAMPA, FL 33622
19. TITLE: D/S	20. NAME: HESTON, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21. STREET ADDRESS: PO Box 22789 (N/A) 22. CITY, ST, ZIP: TAMPA, FL 33622
23. TITLE: D	24. NAME: FERRELL, LEWIS DR. <input type="checkbox"/> Change <input type="checkbox"/> Addition 25. STREET ADDRESS: 7305 MUSHINSKI RD. 26. CITY, ST, ZIP: TAMPA, FL 33625
27. TITLE: D	28. NAME: HIGH, JACK DR. <input type="checkbox"/> Change <input type="checkbox"/> Addition 29. STREET ADDRESS: 7305 MUSHINSKI RD. 30. CITY, ST, ZIP: TAMPA, FL 33625
31. TITLE: D	32. NAME: SCHAFFER, ALFRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33. STREET ADDRESS: PO Box 22789 (N/A) 34. CITY, ST, ZIP: TAMPA, FL 33622

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that I am an officer, director, or authorized representative of the corporation and that my signature shall have the same legal effect as if each officer appears in Block 12 or Block 13 of this report as required by Chapter 617, Florida Statutes, and that my name

SIGNATURE: *DR. RONALD L. SCHAFER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. RONALD L. SCHAFER

1-17-95 513-962-1454