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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722474 (4)

1. Corporation Name
HOPE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business Mailing Address
7305 MUSHINSKI RD P.O. BOX 22789
P.O. BOX 22789 P.O. BOX 22789
TAMPA FL 33625 TAMPA FL 33622-2789
US US

3. Date Incorporated or Qualified 01/18/1972 3a. Date of Last Report 05/02/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 62-0879012 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired [X] \$6.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

24 25 29 30

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Arlie Cole - DIRECTOR / AGENT 02-17-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	SCHAFFER, RONALD, L (DR)	1.2 NAME	
STREET ADDRESS	7305 MUSHINSKI RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	ARLIE, COLE (DR.)	2.2 NAME	
STREET ADDRESS	P.O. BOX 22789 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	DS [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	HESTON, RICHARD	3.2 NAME	
STREET ADDRESS	P.O. BOX 22789 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	FRANKLIN OH	3.4 CITY - ST - ZIP	
TITLE	D [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	FERRELL LEWIS DR.	4.2 NAME	
STREET ADDRESS	7305 MUSHINSKI RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	D [X] DELETE	5.1 TITLE	[] Change [] Addition
NAME	HIGH, JACK	5.2 NAME	
STREET ADDRESS	7305 MUSHINSKI RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	DT [] DELETE	6.1 TITLE	[] Change [] Addition
NAME	SCHAFFER, ALFRED	6.2 NAME	
STREET ADDRESS	P.O. BOX 22789 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Ronald L Schaffer 02-17-97 813-962-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048608

CR2E037 (9/96)