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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90239 022 \*\*\*\*70.00

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722474

1. Corporation Name  
HOPE INTERNATIONAL MINISTRIES, INC.

406311-90239-22



Principal Place of Business  
7305 MUSHINSKI RD  
P.O. BOX 22789  
TAMPA FL 33625  
US

Mailing Address  
P.O. BOX 22789  
P.O. BOX 22789  
TAMPA FL 33622  
US

2. Principal Place of Business  
21 11415 HOPE INTERNATIONAL DR.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11415 HOPE INTERNATIONAL DR.  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
01/18/1972

4. FEI Number  
62-0879012

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

City & State  
23 TAMPA, FL

City & State  
28 TAMPA, FL

Zip  
24 33625 25 ~~33625~~ 29 33625 30 ~~33625~~ Country  
25 ~~USA~~ 29 ~~USA~~ 30 ~~USA~~

9. Name and Address of Current Registered Agent  
COLE, ALICE  
7305 MUSCHINSKI 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)  
11415 HOPE INTERNATIONAL DR.  
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 *Alice Cole* DATE 04-10-99

12. OFFICERS AND DIRECTORS

TITLE	C/D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFFER, RONALD, L (DR)	
STREET ADDRESS	7305 MUSHINSKI RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	ARLIE COLE (DR.)	
STREET ADDRESS	P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.	
CITY-ST-ZIP	TAMPA FL TAMPA, FL 33625	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HESTON, RICHARD	
STREET ADDRESS	P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.	
CITY-ST-ZIP	TAMPA FL 33622 TAMPA, FL 33625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRELL LEWIS DR.	
STREET ADDRESS	7305 MUSHINSKI RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHAFFER, ALFRED	
STREET ADDRESS	P.O. BOX 22789 N/A 11415 HOPE INTERNATIONAL DR.	
CITY-ST-ZIP	TAMPA FL TAMPA, FL 33625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORROW, BRYAN	
STREET ADDRESS	7305 MUSHINSKI RD	
CITY-ST-ZIP	TAMPA FL 33625	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORROW, BRYAN	
1.3 STREET ADDRESS	11415 HOPE INTERNATIONAL DR.	
1.4 CITY-ST-ZIP	TAMPA, FL 33625	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLE, ARLIE P.	
2.3 STREET ADDRESS	11415 HOPE INTERNATIONAL DR.	
2.4 CITY-ST-ZIP	TAMPA, FL 33625	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VATNEY, AL	
3.3 STREET ADDRESS	11415 HOPE INTERNATIONAL DR.	
3.4 CITY-ST-ZIP	TAMPA, FL 33625	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OUTTREY, BILL	
4.3 STREET ADDRESS	11415 HOPE INTERNATIONAL DR.	
4.4 CITY-ST-ZIP	TAMPA, FL 33625	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE 04-10-99 8:13:21 PM DAYTIME PHONE #

CR2E037 (1.1/98)