

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722474

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** HOPE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number: 62-0879012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHAFFER, ALFRED W  
11415 HOPE INTERNATIONAL DR  
TAMPA, FL 33625 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STOMBAUGH, ROGER  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625 US

Title: DS ( ) Delete  
Name: HESTON, RICHARD  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: DT ( ) Delete  
Name: SCHAFFER, ALFRED,  
Address: 11415 HOPE INTERNATIONAL DR  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: HIGGINS, MIKE  
Address: 11415 HOPE INTERNATIONAL DR.  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALFRED SCHAFFER

DT

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date