2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005812

FILED Jan 06, 2007 Secretary of State

Entity Name: HOPE PRISON MINISTRIES INCORPORATED

urrent P	rincipai Piace	e of Business:	New Principal Place	e or business:	
	LAGIO WAY S, FL 33912				
I WIILK	3, I L 33912				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	LAGIO WAY S, FL 33912				
El Number	: 84-0935959	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
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ame and	a Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	LIAM B LAGIO WAY S, FL 33912	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
the State	e of Florida. RE:	submits this statement for the nic Signature of Registered Ag		red office or registered agent, or both, Date	
the State	e of Florida. RE:	nic Signature of Registered Ag	ent		
the State	e of Florida. RE: Electron S AND DIREC	nic Signature of Registered Ag TORS:) Delete DR DN WAY	ent	Date	
the State IGNATUI FFICER tte: ame: ddress:	e of Florida. RE: Electrol S AND DIREC P (GRAND, PAUL 5195 S. KEATC ENGLEWOOD	nic Signature of Registered Age FTORS:) Delete DR DN WAY , CO 80111) Delete IE DN WAY	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR	
the State GNATUI FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIREC P (GRAND, PAUL 5195 S. KEATO ENGLEWOOD V (GRAND, KATH 5195 S. KEATO ENGLEWOOD	nic Signature of Registered Age FTORS:) Delete DR DN WAY , CO 80111) Delete IE DN WAY , CO 80111) Delete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM FAY OFFI 01/06/2007