

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001546
 1. Entity Name
HARVEST HOPE MINISTRIES INC.



Principal Place of Business
3900 S TAMPA AVE
ORLANDO, FL 32839

Mailing Address
3809 S TAMPA AVE
ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE



07172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3672150

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOUFFRONT, ANTHONY
3809 S TAMPA AVE
ORLANDO, FL 32839

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000955771
07/22/08-80003-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARPER, ESSIE L 3700 S. TAMPA AVENUE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MIKLER, FRANK 3700 S. TAMPA AVENUE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIME, DULCE 914 GOVERNOR AVENUE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Souffront*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____