

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003364

Entity Name: BLESSED HOPE MINISTRIES, INC.

FILED
Oct 01, 2004
Secretary of State

Current Principal Place of Business:

3808 NW 167TH ST.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

2631 JAMAICA DRIVE
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-1024298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN-VAN, NATILEE
2631 JAMAICA DRIVE
MIRAMAR, FL 33023 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: D () Delete
Name: VAN, VINCENT
Address: 2631 JAMAICA DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: VAN, NATILEE
Address: 2631 JAMAICA DRIVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: COFFEY, BEVERLY
Address: 17430 NW 37TH AVENUE
City-St-Zip: MIAMI, FL 33055

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NATILEE VAN

MRS.

10/01/2004

Electronic Signature of Signing Officer or Director

Date