

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007613

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** HAVEN OF HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

11224 82ND AVENUE NORTH #209  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3164  
SEMINOLE, FL 33775

**New Mailing Address:**

**FEI Number:** 59-3684652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROUNLEY, SHIRLEY A  
11224 82ND AVENUE NORTH #209  
SEMINOLE, FL 33772 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: VPD ( ) Delete  
Name: BAILEY, PRESTON T JR  
Address: 4319 S COOLIDGE AVE  
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete  
Name: BROUNLEY, SHIRLEY A  
Address: 11224 82ND AVE N #209  
City-St-Zip: SEMINOLE, FL 33772

Title: STD ( ) Delete  
Name: ROBART, CYNTHIA H  
Address: 11226 82ND AVE N #104  
City-St-Zip: SEMINOLE, FL 33772

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

Title: VPD (X) Change ( ) Addition  
Name: BAILEY, PRESTON T JR  
Address: 10177 SAILWINDS BLVD. S. #J206  
City-St-Zip: LARGO, FL 33773

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 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: SHIRLEY A. BROUNLEY

PD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date