


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000003632</b> 1. Entity Name ETERNAL HOPE EVANGELISTIC CENTERS, INC.	
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Principal Place of Business 3215 PATE POND RD. CARYVILLE, FL 32427	Mailing Address 3215 PATE POND RD. CARYVILLE, FL 32427
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3200666	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WORKS, ERNESTINE N  
3215 PATE POND RD.  
CARYVILLE, FL 32427

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORKS, ERNESTINE N 3215 PATE POND ROAD CARYVILLE, FL 32427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWSON, JUNE E 14766 CO ROAD 203 SLOCOMB, AL 36375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORKS, MICHAEL 1400 WADDELL ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000651566  
03/09/07-80012-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** June E. Lawson / June E. Lawson 3/1/07 858-263-9735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #