

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90239 041 ****61.25

DOCUMENT # N01000004977

1. Entity Name

HOPE FOR THE HOMELESS MINISTRIES INC.



Principal Place of Business

2756 CENTRAL AVE.
ST PETERSBURG FL 33713

Mailing Address

2756 CENTRAL AVE.
ST PETERSBURG FL 33713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3731143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFANZON, SAMUEL
3301 58TH AVE. S.
APT. 509
SAINT PETERSBURG FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	INFANZON, SAMUEL	
STREET ADDRESS	3301 58TH AVE. S. #509	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOSLER, RONALD	
STREET ADDRESS	220 10TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLECK, RICHARD	
STREET ADDRESS	6500 SUNSET WAY #521	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLONE, LESTER	
STREET ADDRESS	3700 56TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLIS, THOMAS	
STREET ADDRESS	7126 13TH ST. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SECRETARY
THOMAS GILLIS
7126 13th St. N.
ST. PETERSBURG, FL 33702

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Richard Fleck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APR '05 (727) 323-8101

Date

Daytime Phone #