


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007481	
1. Entity Name HOPE MINISTRY CENTER INC. CHURCH OF GOD	

Principal Place of Business P.O. BOX 2042 OKEECHOBEE, FL 34973	Mailing Address P.O. BOX 2042 OKEECHOBEE, FL 34973
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01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155432	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, KENNETH E 4586 47TH CT VERO BEACH, FL 32967

**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
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**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, KENNETH E 4586 47 CT VERO BCH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MANNINGS, WILBER SR 3876 47 ST VERO BCH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARNER, SHEILA 4932 SE 42 ST OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEACH, JAMES 922 NW 10 ST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80193-011 61.25

**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: 	4/4/2006 (863) 763-3421
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>