

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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**



03302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, KENNETH E
4586 47YH 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000337589
05/27/08-80072-009 61.25

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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: *Sheila Garner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2008 (863) 357-1319
Date Daytime Phone #