2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N01000008895

Entity Name: HOPE CENTER INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

5717 36TH AVE. SO
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5717 36TH AVE. SO
TAMPA, FL 33619

New Mailing Address:

FEI Number: 31-1809388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMAR, AMARO
209 E CLUSTER AVE
TAMPA, FL 33604 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:	P	( ) Delete
Name:	DEAN, RANDY S SR	
Address:	8432 QUARTER HORSE DR.	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	DEAN, SHERRY B	
Address:	8432 QUARTER HORSE DR.	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	LAMAR, AMARO	
Address:	209 E. CLUSTER AVE.	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	LAMAR, TINA	
Address:	209 E. CLUSTER AVE.	
City-St-Zip:	TAMPA, FL 33604	
Title:	D	( ) Delete
Name:	WHIGHAM, JIMMY	
Address:	1921 RED BRIDGE DR.	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	WHIGHAM, ROSILIND	
Address:	1921 RED BRIDGE DR.	
City-St-Zip:	BRANDON, FL 33511	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: RANDY S. DEAN, SR. P 01/04/2005

Electronic Signature of Signing Officer or Director — Date