

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90081 033 \*\*\*\*70.00

**DOCUMENT # N02000001533**

1. Entity Name

HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA,  
FLORIDA



Principal Place of Business

P.O. BOX 926  
BRANDON FL 33509-0926  
US

Mailing Address

P.O. BOX 926  
BRANDON FL 33509-0926  
US

24046300



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
03-0411555

Applied For  
Not Applicable

Zip Country

Zip Country

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

MARTINEZ, HUGO A  
701 PROVIDENCE TRACE CIR  
201  
BRANDON FL 33511

Name  
MARTINEZ, ANALIA A.  
Street Address (P.O. Box Number is Not Acceptable)

413 BIG CEDAR WAY # C  
City  
BRANDON FL Zip Code  
33510

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] (REGISTERED AGENT) ANALIA MARTINEZ 03/15/04  
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, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HUGO A 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISTERNA, MARIA E 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLONG, GUILLERMO E AVE LACROZE 2882, 3 PISO APT.C BUENOS AIRES ARGENTINA 00 1430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, DANIEL E MENDOZA 1381 BUENOS AIRES ARGENTINA 1428 00 1428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, ISAAC E 701 PROVIDENCE TRACE CIR #201 BRANDON FL 33511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELETE, DELETE 0 DELETE DELETE 00 00000 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HUGO A. 1300 E. FAIRHAVEN AVE #19 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISTERNA, MARIA E. 1300 E. FAIRHAVEN AVE #19 SANTA ANA, CA 92705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] ANALIA MARTINEZ 03/15/04 (813) 654-9895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (REGISTERED AGENT) Date Daytime Phone #