

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003038

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: PORT OF HOPE MINISTRIES, INC.

## Current Principal Place of Business:

8907 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 329202405

## New Principal Place of Business:

441 ROME AVE NE  
PALM BAY, FL 329072367

## Current Mailing Address:

8907 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 329202405

## New Mailing Address:

441 ROME AVE NE  
PALM BAY, FL 329072367

FEI Number: 02-0590228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUFRENE, PHILIP CHARLES  
8907 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 329202405 US

## Name and Address of New Registered Agent:

DUFRENE, PHILIP CHARLES  
441 ROME AVE NE  
PALM BAY, FL 329072367 US

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: PHILIP C. DUFRENE

01/13/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DUFRENE, PHILIP C  
Address: 8907 N. ATLANTIC AVE.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: MADISON, RANDY  
Address: 1640 STARFISH STREET  
City-St-Zip: KISSIMMEE, FL 347444834

Title: D ( ) Delete  
Name: BAILEY, DANIEL  
Address: 600 MILLWHEEL DRIVE  
City-St-Zip: MERRITT ISLAND, FL 329524136

Title: D ( ) Delete  
Name: BALLMAN, FRANKLIN  
Address: 2907 PADDINGTON WAY  
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete  
Name: DUFRENE, DEBORAH  
Address: 8907 N. ATLANTIC AVE.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: REEDER, WILBERT  
Address: 5100 ALLIGATOR LAKE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DUFRENE, PHILIP C  
Address: 441 ROME AVE NE  
City-St-Zip: PALM BAY, FL 329072367

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: D (X) Change ( ) Addition  
Name: DUFRENE, DEBORAH  
Address: 441 ROME AVE NE  
City-St-Zip: PALM BAY, FL 329072367

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: PHILIP C. DUFRENE

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date