

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90390 019 \*\*\*\*61.25

<b>DOCUMENT # N02000003038</b> 1. Entity Name <b>PORT OF HOPE MINISTRIES, INC.</b>					
Principal Place of Business <b>441 ROME AVE NE PALM BAY, FL 32907-2367</b>			Mailing Address <b>441 ROME AVE NE PALM BAY, FL 32907-2367</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0590228</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUFRENE, PHILIP CHARLES 441 ROME AVE NE PALM BAY, FL 32907-2367</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>DUFRENE, PHILIP C</b> <b>441 ROME AVE NE</b> <b>PALM BAY, FL 329072367</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MADISON, RANDY</b> <b>1640 STARFISH STREET</b> <b>KISSIMMEE, FL 347444834</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BAILEY, DANIEL</b> <b>600 MILLWHEEL DRIVE</b> <b>MERRITT ISLAND, FL 329524136</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BALLMAN, FRANKLIN</b> <b>2907 PADDINGTON WAY</b> <b>KISSIMMEE, FL 34747</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>DUFRENE, DEBORAH</b> <b>441 ROME AVE NE</b> <b>PALM BAY, FL 329072367</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>REEDER, WILBERT</b> <b>5100 ALLIGATOR LAKE ROAD</b> <b>SAINT CLOUD, FL 34772</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Barley, David</b> <b>620 Ohio Street</b> <b>St. Cloud, FL 34769-2881</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Philip C. DuFrene</u> <b>Philip C. DuFrene PD April 22, 08 407-414-4657</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					