

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003038

FILED
Apr 28, 2009
Secretary of State

Entity Name: PORT OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

441 ROME AVE NE
PALM BAY, FL 329072367

New Principal Place of Business:

Current Mailing Address:

441 ROME AVE NE
PALM BAY, FL 329072367

New Mailing Address:

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

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: 441 ROME AVE NE
City-St-Zip: PALM BAY, FL 329072367

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BARLEY, DAVID
Address: 620 OHIO STREET
City-St-Zip: ST. CLOUD, FL 347692881 US

Title: D (X) Change () Addition
Name: REEDER, WILBERT
Address: 5100 ALLIGATOR LAKE ROAD
City-St-Zip: SAINT CLOUD, FL 347729329 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PDT

04/28/2009

Electronic Signature of Signing Officer or Director

Date