


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

05-13-2004 90006 037 \*\*\*\*61.00

FILED  
N02000003678  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 25 PM 3:46

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|---|---|--|--|---|--|
| <b>DOCUMENT # N02000003678</b>  |   |  |  |  |  |
| 1. Entity Name<br><b>CENTER OF HOPE DELIVERANCE LOVE OUTREACH MINISTRY INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>POST OFFICE BOX 681240<br/>ORLANDO FL 32868-1240</b>  |   |  | Mailing Address<br><b>POST OFFICE BOX 681240<br/>ORLANDO FL 32868-1240</b>   |   |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br><b>33-1002751</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GAINES, BARBARA<br/>5021 INDIALANTIC DRIVE<br/>ORLANDO FL 32808</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>                      |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>GAINES, ALFRED SR.<br/>5021 INDIALANTIC DRIVE<br/>ORLANDO FL 32808</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>GAINES, BARBARA<br/>5021 INDIALANTIC DRIVE<br/>ORLANDO FL 32808</b>    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>GAINES, ALFRED JR.<br/>1740 MERCY DR., APT. 4<br/>ORLANDO FL 32809</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>S<br/>WILBURN, JANET<br/>790 JUANITA<br/>CLERMONT FL 34711</b>               | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Barbara Gaines</u>  |   |  | (407) 299-2151   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <small>Daytime Phone if</small>  |   |  |

5/25/04