

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90104 011 ****70.00

DOCUMENT # N02000003678

1. Entity Name
**CENTER OF HOPE DELIVERANCE LOVE OUTREACH
MINISTRY INC.**



Principal Place of Business
**POST OFFICE BOX 681240
ORLANDO, FL 32868-1240**

Mailing Address
**POST OFFICE BOX 681240
ORLANDO, FL 32868-1240**

20065340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
33-1002751

☒ 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

**GAINES, BARBARA
5021 INDIALANTIC DRIVE
ORLANDO, FL 32808**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GAINES, ALFRED SR.**
STREET ADDRESS **5021 INDIALANTIC DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32808**

TITLE **Secretary** ☒ Change ☒ Addition
NAME **Marcus Gaines**
STREET ADDRESS **4187 Coalington St.**
CITY - ST - ZIP **Orl. Fla. 32811**

TITLE **D** ☐ Delete
NAME **GAINES, BARBARA**
STREET ADDRESS **5021 INDIALANTIC DRIVE**
CITY - ST - ZIP **ORLANDO, FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **GAINES, ALFRED JR.**
STREET ADDRESS **1740 MERCY DR., APT. 4**
CITY - ST - ZIP **ORLANDO, FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **S** ☒ Delete
NAME **WILBURN, JANET**
STREET ADDRESS **790 JUANITA**
CITY - ST - ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Barbara Gaines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05
Date Daytime Phone #