2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N02000003678

Entity Name: CENTER OF HOPE DELIVERANCE LOVE OUTREACH MINISTRY INC.

Current Principal Place of Business:

POST OFFICE BOX 681240
ORLANDO, FL 328681240

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 681240
ORLANDO, FL 328681240

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAINES, BARBARA
5021 INDIALANTIC DRIVE
ORLANDO, FL 32808 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: D ( ) Delete
Name: GAINES, ALFRED SR.
Address: 5021 INDIALANTIC DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: GAINES, BARBARA
Address: 5021 INDIALANTIC DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: GAINES, ALFRED JR.
Address: 1740 MERCY DR., APT. 4
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete
Name: GAINES, MARCUS
Address: A187 COVINGTON STREET
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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 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: BARBARA GAINES D 07/05/2006
Electronic Signature of Signing Officer or Director — Date