


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90189 006 \*\*\*\*61.25

DOCUMENT # N02000004774					
1. Entity Name HOPE BIBLE CHURCH, INC.					
Principal Place of Business 15390 AVALON AVE CLEARWATER, FL 33760		Mailing Address 15390 AVALON AVE CLEARWATER, FL 33760			
2. Principal Place of Business 7403 46th Ave. N Suite, Apt. #, etc. Lot # 7		3. Mailing Address 7403 46th Ave. N Suite, Apt. #, etc. Lot # 7			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3732697	
Zip 33709		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYCE, RUSSELL 1149 46TH AVE. NORTH SAINT PETERSBURG, FL 33703			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYCE, RUSSELL	NAME			
STREET ADDRESS	1149 46TH AVE. NORTH	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLF, RANDY	NAME			
STREET ADDRESS	917 A TURNER ST.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLF, STUART	NAME			
STREET ADDRESS	917 A TURNER ST.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: _____		Date: 4/24/06		Daytime Phone #: 727-481-2862	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Russell Boyce					

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