2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# N02000005185

Entity Name: LIFE & HOPE MINISTRIES, INC.

Current Principal Place of Business:

4065 SW 40TH AVE.
PEMBROKE PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

4065 SW 40TH AVE.
PEMBROKE PARK, FL 33023

New Mailing Address:

FEI Number: 46-0495008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WALKER, OWEN L
7780 DILIDO BLVD.
MIRAMAR, FL 33023 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: WALKER, OWEN L
Address: 7780 DILIDO BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: TD ( ) Delete
Name: WALKER, VALITI
Address: 7780 DILIDO BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete
Name: WALKER, VENESSA ANN
Address: 7780 DILIDO BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: DAVIS, ATHLINE
Address: 8981 BERMUDA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: BROWN ST. LOUIS, SHARON
Address: 500 NW 157TH STREET
City-St-Zip: MIAMI, FL 33169

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:

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 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 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: OWEN WALKER PRES 08/30/2005
Electronic Signature of Signing Officer or Director — Date