

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005227

FILED
Mar 29, 2004
Secretary of State

Entity Name: REMNANT HOPE MINISTRIES, INC.

Current Principal Place of Business:

202 PINE ST
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

202 PINE ST
WILDWOOD, FL 34785

New Mailing Address:

202 PINE ST
WILDWOOD, FL 34785 US

FEI Number: 48-1258626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, ROBIN
1695 OPA LOCKA BLVD.
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

TRIPP, ROBIN
202 PINE ST.
WILDWOOD, FL 34785 US

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: ROBIN TRIPP

03/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRIPP, ROBIN
Address: 1695 OPA LOCKA BLVD.
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: TRIPP, DEBRA
Address: 1695 OPA LOCKA BLVD.
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: JIMENEZ, ANDRE
Address: 6024 SW 37TH STREET
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRIPP, ROBIN
Address: 202 PINE ST.
City-St-Zip: WILDWOOD, FL 34785 US

Title: D (X) Change () Addition
Name: TRIPP, DEBRA
Address: 202 PINE ST.
City-St-Zip: WILDWOOD, FL 34785 US

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: ROBIN TRIPP

D

03/29/2004

Electronic Signature of Signing Officer or Director

Date