

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **N02000006596**

1. Entity Name

CITY OF HOPE MINISTRY, INC.



APPROVED
AND
FILED

07 DEC -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20
12-6-07



REINSTATEMENT 07
1st MOORE CH2E037 (10/06)

| | | | |
|---|---------|---|---------|
| Principal Place of Business 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796 | | Mailing Address 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 30-0111918 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 8.75 Additional Fee Required | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent RODNEY, GIFFORD M REV. 515 NORTH WASHINGTON AVENUE TITUSVILLE FL 32796 | | 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 NAME STREET ADDRESS CITY- ST- ZIP | PD RODNEY, GIFFORD M REV. 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | 300113157583 12/14/07--01041--023 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD RODNEY, SADIE R 1523 WEST POWDERHORN ROAD TITUSVILLE FL 32796 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD ROBERTS, NOREEN S ROCK PIT ROAD APT. 8C TITUSVILLE FL 32796 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D TAYLOR, WANDA M ROCK PIT ROAD APT. 11C TITUSVILLE FL 32796 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD BRYANT, BETTY 2803 HICKORY CIRCLE MIMS FL 32754 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gifford Michael Rodney 12/03/07 321-269-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)