2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000675

FILED Jan 31, 2006 Secretary of State

Entity Name: HOPE OUTREACH MINISTRY FOR EVERY-1, INC.

		a= .			
	-	e of Business:	New Principal Plac	e of Business:	
	BERTY STRE VILLE, FL 32				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 3 JACKSON\	3272 VILLE, FL 32	206			
FEI Number:	41-2078326	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	IICHAEL 7TH STREET VILLE, FL 32				
The above in the State		submits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (OGDEN, MICH 175 EAST 7TH JACKSONVILL	STREET	Title: Name: Address:	() Change () Addition	
Title:		,	City-St-Zip:		
Name: Address: City-St-Zip:	BREWER, JOI 1755 SEMINO) Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	BREWER, JOI 1755 SEMINO ATLANTIC BEA) Delete HN R IV ILE BEACH ROAD ACH, FL 32233) Delete AY CIAL CIR S	Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BREWER, JÒI 1755 SEMINO ATLANTIC BEA TD (HAMRICK, CL. 8247 PROVINI JACKSONVILL) Delete HN R IV ILE BEACH ROAD ACH, FL 32233) Delete AY CIAL CIR S LE, FL 32277) Delete N OINT ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: CLAY HARMICK TD 01/31/2006