




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90201 020 \*\*\*\*70.00

<b>DOCUMENT # N03000000971</b> 1. Entity Name <b>CHRIST'S HOPE U.S.A., INC.</b>					
Principal Place of Business <b>706 TURNBULL AVE. #101 ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>706 TURNBULL AVE. #101 ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business <b>23052-H ALICIA PKWY Suite, Apt. #, etc. #153</b>		3. Mailing Address <b>23052-H ALICIA PKWY #11 Suite, Apt. #, etc. #153</b>			
City & State <b>MISSION VIEJO, CA 92692</b>		City & State <b>MISSION VIEJO, CA 92692</b>		4. FEI Number <b>11-3676998</b>	
Zip <b>92692</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UDVARI, GEORGE R 706 TURNBULL AVE. #101 ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEPARD, MIKE</b> <b>36 SMITHCLIFFS ROAD</b> <b>LAGUNA BEACH, CA 92651</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILP, STEVEN</b> <b>13062 TANARISK DR</b> <b>SANTA ANA, CA 92705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIGGS, JOHN R JR</b> <b>2 BURNETT AVE</b> <b>SOUTH HADLEY, MA 01075</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHINDLER, JIM</b> <b>5200 FAR HILLS AVENUE</b> <b>KETTERING, OH 45429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERKELENS, STEPHAN J</b> <b>22201 SHADOW RIDGE</b> <b>MISSION VIEJO, CA 92692</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VASQUEZ, ROBERT</b> <b>33560 HONEY SUCKLE LANE</b> <b>MURRIETA, CA 92563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THERON, HENRICO</b> <b>P O BOX 800</b> <b>OKAHANDJA NAMIBIA.</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, TOM</b> <b>301 MARKHAM WOODS RD</b> <b>LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLTZHAUSEN, JOS</b> <b>P O BOX 800</b> <b>OKAHANDJA NAMIBIA.</b>	<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	<b>D</b> <b>SMITH, CHARLES G</b> <b>633 PUGH STREET</b> <b>LAKE MARY, FL 32746</b>	<input checked="" 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 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 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.					
<b>SIGNATURE:</b>  <b>STEPHAN ERKELENS</b> <b>4/28/05</b> <b>(409) 289 3187</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					