2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002929

Entity Name: INTERNATIONAL HOPE FOUNDATION, INC.

FILED May 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 114 E GREGORY ST PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 114 E GREGORY ST PENSACOLA, FL 32501 FEI Number: 45-0510028 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: JENKINS, THOMAS R 114 E GREGORY ST PENSACOLA, FL 32501 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROBERTS, MARK LEE III Name: Name: Address: C/O T R JENKINS, 114 E GREGORY ST Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEE-ROBERTS, JENNY Name: Address: C/O T R JENKINS, 114 E GREGORY ST Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: Title: () Change () Addition () Delete LEECH, KYLE Name: Name: C/O MARVIN LEECH, 203 BRYANT RD. Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEECH, JILL Name: C/O MARVIN LEECH, 2023 BRYANT RD. Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: () Delete Title: () Change () Addition JENKINS, THOMAS R Name: Name: 114 E. GREGORY ST. Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: () Change () Addition BOYD, LADON Name: Name: Address: 3970 MCCLELLAN RD. Address: PENSACOLA, FL 32503 City-St-Zip: 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: THOMAS R. JENKINS ST 05/19/2004