

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002929

FILED
Jan 26, 2005
Secretary of State

Entity Name: INTERNATIONAL HOPE FOUNDATION, INC.

Current Principal Place of Business:

114 E GREGORY ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

114 E GREGORY ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 45-0510028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, THOMAS R
114 E GREGORY ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ROBERTS, MARK LEE III
Address: C/O T R JENKINS, 114 E GREGORY ST
City-St-Zip: PENSACOLA, FL 32502

Title: V () Delete
Name: LEE-ROBERTS, JENNY
Address: C/O T R JENKINS, 114 E GREGORY ST
City-St-Zip: PENSACOLA, FL 32502

Title: P () Delete
Name: LEECH, KYLE
Address: C/O MARVIN LEECH, 203 BRYANT RD.
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: LEECH, JILL
Address: C/O MARVIN LEECH, 203 BRYANT RD.
City-St-Zip: PENSACOLA, FL 32507

Title: ST () Delete
Name: JENKINS, THOMAS R
Address: 114 E. GREGORY ST.
City-St-Zip: PENSACOLA, FL 32502

Title: DC () Delete
Name: BOYD, LADON
Address: 3970 MCCLELLAN RD.
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS R. JENKINS

ST

01/26/2005

Electronic Signature of Signing Officer or Director

Date