2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002929

Entity Name: INTERNATIONAL HOPE FOUNDATION, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
114 E GREGORY ST PENSACOLA, FL 32501					
Current Mailing Address:			New Maili	New Mailing Address:	
114 E GREGORY ST PENSACOLA, FL 32501					
FEI Number: 45-0510028 FEI Number Applied For () FEI Number			Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				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:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROBERTS, MARI	S, 114 E GREGORY ST	Title: Name: Address: City-St-Zip:	P/D (X) Change () Addition ROBERTS, MARK LEE III C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502	
Title: Name: Address: City-St-Zip:	LEE-ROBERTS,	S, 114 E GREGORY ST	Title: Name: Address: City-St-Zip:	V/D (X) Change () Addition LEE-ROBERTS, JENNY C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502	
Title: Name: Address: City-St-Zip:	LEECH, KYLE	Delete ECH, 203 BRYANT RD. 32507	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LEECH, JILL	Delete ECH, 2023 BRYANT RD. 32507	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () E JENKINS, THOM 114 E. GREGOR PENSACOLA, FL	Y ST.	Title: Name: Address: City-St-Zip:	ST/D (X) Change () Addition JENKINS, THOMAS R 114 E. GREGORY ST. PENSACOLA, FL 32502	
Title: Name:	DC (X) [BOYD, LADON	Delete	Title: Name:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS R. JENKINS ST 04/26/2006

PENSACOLA, FL 32503

City-St-Zip: