
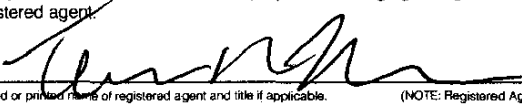
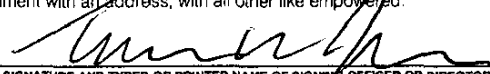


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 048 ****61.25

DOCUMENT # N03000002929 1. Entity Name INTERNATIONAL HOPE FOUNDATION, INC.					
Principal Place of Business 114 E GREGORY ST PENSACOLA, FL 32501			Mailing Address 114 E GREGORY ST PENSACOLA, FL 32501		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 45-0510028	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JENKINS, THOMAS R 114 E GREGORY ST PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 3/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/A ROBERTS, MARK LEE III C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ladon A. Boyd 3970 McClellan Rd. Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/A LEE-ROBERTS, JENNY C/O T R JENKINS, 114 E GREGORY ST PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rodney C. Williamson 4514 Barranger Pr. Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/A JENKINS, THOMAS R 114 E. GREGORY ST. PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William P. Dickerson 518 Navy Cove Blvd. Gulf Breeze FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Tallman 10264 Sugar Creek Pl Pensacola, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walter E. Seales 5016 Autumn Lane Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 3/7/08 (850) 434-6223 <small>Daytime Phone #</small>	