


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90466 035 \*\*\*\*61.25

<b>DOCUMENT # N03000003143</b>	
1. Entity Name <b>TRINITY HOUSE OF HOPE MINISTRIES, INC.</b>	

Principal Place of Business <b>1056 S. BISCAYNE RIVER DR MIAMI FL 33169</b>	Mailing Address <b>1056 S. BISCAYNE RIVER DR MIAMI FL 33169</b>
--	--



2. Principal Place of Business <b>1056 S. Biscayne River Dr.</b>	3. Mailing Address <b>1056 S. Biscayne River Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33169</b>	Zip <b>33169</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>48-1307571</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>HALL, VERONICA 1056 S. BISCAYNE RIVER DR. MIAMI FL 33169</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 re-registering) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALL, VERONICA</b>		NAME <b>HALL, VERONICA</b>	
STREET ADDRESS <b>1056 S. BISCAYNE RIVER DR</b>		STREET ADDRESS <b>1056 S. BISCAYNE RIVER DR</b>	
CITY-ST-ZIP <b>MIAMI FL 33169</b>		CITY-ST-ZIP <b>MIAMI FL 33169</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLETCHER, EVELYN T</b>		NAME <b>FLETCHER, EVELYN T</b>	
STREET ADDRESS <b>PO BOX 2084</b>		STREET ADDRESS <b>PO BOX 2084</b>	
CITY-ST-ZIP <b>AQUABOGUE NY 11931</b>		CITY-ST-ZIP <b>AQUABOGUE NY 11931</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOK, LISA</b>		NAME <b>COOK, LISA</b>	
STREET ADDRESS <b>2280 NW 93 TERR.</b>		STREET ADDRESS <b>2280 NW 93 TERR.</b>	
CITY-ST-ZIP <b>MIAMI FL 33147</b>		CITY-ST-ZIP <b>MIAMI FL 33147</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JACKSON, DAISY</b>		NAME <b>JACKSON, DAISY</b>	
STREET ADDRESS <b>5623 E. 34TH STREET</b>		STREET ADDRESS <b>5623 E. 34TH STREET</b>	
CITY-ST-ZIP <b>TUCSON AZ 85711</b>		CITY-ST-ZIP <b>TUCSON AZ 85711</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Veronica Hall 4/12/06