2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 10, 2007 08:00 A Secretary of State DOCUMENT # N03000003143 1. Enlity Name TRINITY HOUSE OF HOPE MINISTRIES, INC. Principal Place of Business Mailing Address 1056 S BISCAYNE RIVER DR MIAMI FL 33169 1056 S BISCAYNE RIVER DR MIAMI FL 33169 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 48-1307571 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, VERONICA 1056 S. BISCAYNE RIVER DR. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33169 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State å 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HLE Change ☐ Addition . 🗀 Delele TITLE U00000698547 NAME HALL, VERONICA NAME 04/19/07-80007-015 61.25 STREET ADDRESS STREET ADDRESS 1056 S. BISCAYNE RIVER DR CHY-SI-702 CITY - ST - 7IP **MIAMI FL 33169** HITCE ☐ Delete ☐ Change ■ Addition NAME FLETCHER, EVELYN T STREET ADDRESS PO BOX 2084 STREET ADDRESS CITY-S1-ZIP **AQUBOGUE NY 11931** CHY-ST-7IP HILE Dalete Change ☐ Addition NAME COOK, LISA NAME STREET ADDRESS STREET ADDRESS 2280 NW 93 TERR. CHY-ST-7P CHY-SI-7P MIAMI FL 33147 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAML JACKSON, DAISY STRUET ADDRESS STRUFT ADDRESS 5623 E. 34TH STREET CITY-ST-ZIP CITY-ST-ZIP TUCSON AZ 85711 Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7/P HILLE ☐ Delele THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I horoby 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 eltachment with an address, with all other like empowered.

SIGNATURE:

Hall

4/6/07 3056854491