

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006917

FILED  
Mar 03, 2008  
Secretary of State

**Entity Name:** HOPE FOR THE POOR INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

953 MERCY DRIVE  
SUITE E  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

150 NW 42ND WAY  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 03-0435425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLAISE, JULIENNE  
1365 WEST POINT VILLA BLVD  
WINTER GARDEN, FL 34787 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: D ( ) Delete  
Name: PLAISE, JULIENNE  
Address: 1365 WEST POINT VILLA BLVD.  
City-St-Zip: WINTER GARDEN, FL 34767

Title: S ( ) Delete  
Name: GEORGES, RAYMOND  
Address: 1365 WEST POINT VILLA BLVD  
City-St-Zip: WINTER GAEDEN, FL 34767

Title: T ( ) Delete  
Name: FRANTZ, BELIZAIRE  
Address: 2830 NE 8TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

**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:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JULIENNE PLAISE

P

03/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date