## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006917

FILED Mar 31, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

953 MERCY DRIVE 3521 N PINE HILLS ROAD SUITE E ORLANDO, FL 32808 ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

150 NW 42ND WAY
DEERFIELD BEACH, FL 33442
3521 N PINE HILLS ROAD
ORLANDO, FL 32808

FEI Number: 03-0435425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PLAISE, JULIENNE
1365 WEST POINT VILLA BLVD
WINTER GARDEN, FL 34787 US
GEOGES, JULIENNE
3521 N PINE HILLS ROAD
ORLANDO, FL 32808 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: JULIENNE GEORGES 03/31/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 PLAISE, JULIENNE
 Name:
 GEORGES, JULIENNE

 Address:
 1365 WEST POINT VILLA BLVD.
 Address:
 3521 N PINE HILLS ROAD

 City-St-Zip:
 WINTER GARDEN, FL 34767
 City-St-Zip:
 ORLANDO, FL 32808

Title: S ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 GEORGES, RAYMOND
 Name:
 GEORGES, JULIENNE

 Address:
 1365 WEST POINT VILLA BLVD
 Address:
 3521 N PINE HILLS ROAD

 City-St-Zip:
 WINTER GAEDEN, FL 34767
 City-St-Zip:
 ORLANDO, FL 32808

Title: () Delete Title: (X) Change ( ) Addition FRANTZ, BELIZAIRE GEORGES, JEAN RAYMOND Name: Name: Address: 2830 NE 8TH AVE Address: 3521 N PINE HILLS ROAD City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: ORLANDO, FL 32808

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 GEORGES D 03/31/2009