

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006917

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3521 N PINE HILLS ROAD  
ORLANDO, FL 32808

**New Principal Place of Business:**

4625 OLD WINTER GARDEN ROAD  
SUITE A6  
ORLANDO, FL 32811

**Current Mailing Address:**

3521 N PINE HILLS ROAD  
ORLANDO, FL 32808

**New Mailing Address:**

P.O. BOX 373  
OCOE, FL 34761

**FEI Number:** 03-0435425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEOGES, JULIENNE  
3521 N PINE HILLS ROAD  
ORLANDO, FL 32808 US

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

GEOGES, JULIENNE  
2446 HEALY DRIVE  
ORLANDO, FL 32818 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GEORGES, JULIENNE  
Address: 2446 HEALY DR  
City-St-Zip: ORLANDO, FL 32818

Title: S  
Name: GEORGES, JULIENNE  
Address: 2446 HEALY DR  
City-St-Zip: ORLANDO, FL 32818

Title: T  
Name: GEORGES, JEAN RAYMOND  
Address: 2446 HEALY DR  
City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: JULIENNE GEORGES

P

04/30/2011

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

\_\_\_\_\_  
Date