2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# N03000010396

Entity Name: ARRAY OF HOPE RAMOS MINISTRIES, INC.

Current Principal Place of Business:

5090 TOPEKA AVE
ST CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

5090 TOPEKA AVE
ST CLOUD, FL 34770

New Mailing Address:

FEI Number: 20-0515564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, DONNA M
5090 TOPEKA AVE
ST CLOUD, FL 34770 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:	P	( ) Delete
Name:	RAMOS, JOSE M JR	
Address:	5090 TOPEKA AVE	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	VP	( ) Delete
Name:	RAMOS, DONNAMARIE	
Address:	5090 TOPEKA AVE	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	DIR	( ) Delete
Name:	FALARDEAU, MAUREEN T	
Address:	7490 E IRLO BRONSON MEMORIAL HWY	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	DIR	( ) Delete
Name:	DURAND, PATSY	
Address:	5126 COUNTRY SIDE CT	
City-St-Zip:	ST CLOUD, FL 34772	
Title:	DIR	( ) Delete
Name:	RAMOS, JOSE M SR	
Address:	120 SAN BLAS AVE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DIR	( ) Change (X) Addition
Name:	ANDINO, RAUL PASTOR	
Address:	1615 ELMSTEAD CT	
City-St-Zip:	ORLANDO, FL 32801	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAUREEN FALARDEAU DIR 04/07/2004

Electronic Signature of Signing Officer or Director — Date

ELIZABETH ANDINO
1615 ELMSTEAD CT
ORLANDO FL 32801