

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010396

FILED  
May 23, 2006  
Secretary of State

**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:**

P.O. BOX 701447  
ST CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 20-0515564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

RAMOS, DONNA M  
5090 TOPEKA AVE  
ST CLOUD, FL 34770      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

\_\_\_\_\_  
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 IRLON 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: DIR      ( ) Delete  
Name: ANDINO, RAUL PASTOR  
Address: 1615 ELMSTED CT  
City-St-Zip: ORLANDO, FL 32801

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA MARIE RAMOS

VP

05/23/2006

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

\_\_\_\_\_  
Date