

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010396

FILED
Sep 02, 2007
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 ()**
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 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: DONNAMARIE RAMOS

VP

09/02/2007

Electronic Signature of Signing Officer or Director

Date