


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90231 004 \*\*\*\*61.28

<b>DOCUMENT # N04000000933</b>	
1. Entity Name <b>HOPE OUTREACH MINISTRY, INC.</b>	

Principal Place of Business <b>P O BOX 540522 ORLANDO FL 32854</b>	Mailing Address <b>P O BOX 540522 ORLANDO FL 32854</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>P.O BOX 585684</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State <b>ORLANDO, FL</b>	4. FEI Number <b>51-0501168</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32858-5684</b>	Country <b>ORANGE Co.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HARGROVE, GWENDOLYN 227 N NORMANDALE AVE ORLANDO FL 32835</b>	7. Name and Address of New Registered Agent Name <b>GWENDOLYN HARGROVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>227 N. NORMANDALE AVE</b> City <b>ORLANDO, FL</b> Zip Code <b>32835</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gwendolyn Hargrove* DATE *4/18/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARGROVE, GWENDOLYN 227 N. NORMANDALE AVE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BROWN, ED P.O. BOX 2188 MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DEBORAH 6578 WINDLORD PL ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD SMITH, HONDIE 6912 OUTLAW COURT, APT. 204 ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn Hargrove* DATE *4/18/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR