## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003186

Apr 22, 2007 Secretary of State

Entity Name: HOPE INTERNATIONAL CHRISTIAN MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 8606 PURVIS ROAD LITHIA, FL 335472600 **Current Mailing Address: New Mailing Address:** 8606 PURVIS ROAD LITHIA, FL 335472600 FEI Number: 20-1446136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STONEKING, GARY A 8606 PURVIŚ ROAD LITHIA, FL 335472600 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PMTR** () Delete () Change () Addition STONEKING, GARY A Name: Name: 8606 PURVIS ROAD Address: Address: City-St-Zip: LITHIA, FL 335472600 City-St-Zip: Title: VTR () Delete Title: VTR (X) Change ( ) Addition PEARRE, LARRY B Name: MAGIE, DAVID B Name: Address: 2709 CHARLESTON DRIVE Address: 7790 S.W. 63RD AVE. ROAD City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: OCALA, FL 34476 Title: STR () Delete Title: STR (X) Change ( ) Addition PEARRE, PAMELA J MAGIE, ROSE Name: Name: 7790 S.W. 63RD AVE. ROAD Address: 2709 CHARLESTON DRIVE Address: City-St-Zip: OCALA, FL 34476 PLANT CITY, FL 33563 City-St-Zip: Title: TRT ( ) Delete Title: () Change () Addition Name: JOHNSON, PAULA A Name: 1702 LOWRY AVENUE Address: Address: City-St-Zip: LAKELAND, FL 33801 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: GARY A. STONEKING **PMTR** 04/22/2007