


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-05-2005 90115 001 ****61.25

DOCUMENT # N04000011318 1. Entity Name HOPE INTERNATIONAL CHURCH, INC.					
Principal Place of Business 9200 OAK ISLAND LANE CLERMONT, FL 34711			Mailing Address 9200 OAK ISLAND LANE CLERMONT, FL 34711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCOY, ANTHONY 9200 OAK ISLAND LANE CLERMONT, FL 34711				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	PVST	<input type="checkbox"/> Delete			
NAME	MCCOY, ANTHONY				
STREET ADDRESS	9200 OAK ISLAND LANE				
CITY- ST- ZIP	CLERMONT, FL 34711				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCCOY, ANTHONY				
STREET ADDRESS	9200 OAK ISLAND LANE				
CITY- ST- ZIP	CLERMONT, FL 34711				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CARTER, RODNEY				
STREET ADDRESS	11331 OSWALT RD.				
CITY- ST- ZIP	CLERMONT, FL 34711				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PARMAN, MATTHEW				
STREET ADDRESS	1511 CANOPY OAKS DR.				
CITY- ST- ZIP	MINNEOLA, FL 34715				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MILLER, VICTOR				
STREET ADDRESS	1123 WINDY BLUFF DR.				
CITY- ST- ZIP	CLERMONT, FL 34711				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <i>Anthony B. McCoy - PVST</i> 6-30-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

