



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90013 008 ****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 7432 HIGHWAY 50 SUITE 109 GROVELAND FL 34736 LAKE		3. Mailing Address 7432 HIGHWAY 50 SUITE 109 GROVELAND FL 34736 LAKE			
4. FEI Number 20-1965059				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, ANTHONY 9200 OAK ISLAND LANE CLERMONT, FL 34711			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCCOY, ANTHONY 9200 OAK ISLAND LANE CLERMONT, FL 34711	<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	D MCCOY, ANTHONY 9200 OAK ISLAND LANE CLERMONT, FL 34711	<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	D CARTER, RODNEY 11331 OSWALT RD. CLERMONT, FL 34711	<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	D PARMAN, MATTHEW 1511 CANOPY OAKS DR. MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McWilliams, David 5401 PRINCE PHILLIP COURT LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, VICTOR 1123 WINDY BLUFF DR. CLERMONT, FL 34711	<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	<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 exemptions contained 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 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</i> Anthony B. McCoy 2/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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