

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 30 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N04000011941					
1. Entity Name HOPE INTERNATIONAL OUTREACH COMMUNITY MINISTRIES CORPORATION					
Principal Place of Business 1561 BLOUNTSTOWN ST. #501 TALLAHASSEE, FL 32304			Mailing Address PO BOX 7596 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box # 2110 Hagan Dr			3. Mailing Address Suite, Apt. #, etc.		
City & State Tallahassee, FL			City & State		
Zip 32303		Country U.S.A.		4. FEI Number 56-2596141	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOTO, BETTY 1561 BLOUNTSTOWN STREET #501 TALLAHASSEE, FL 32304			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	P SOTO, BETTY P.O. BOX 7596 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103920837 06/05/07--01051--002 **70.00	
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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:			Date: 05/30/07 Daytime Phone #: (850) 350-9053		