

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002112

FILED
Jun 20, 2006
Secretary of State

Entity Name: HOPE IN JESUS MINISTRIES INC

Current Principal Place of Business:

2788 LAKE IDA RD
DELRAY BCH, FL 33445

New Principal Place of Business:

5675 LINCOLN CIR E
LAKE WORTH, FL 33463

Current Mailing Address:

2788 LAKE IDA RD
DELRAY BCH, FL 33445

New Mailing Address:

PO BOX 540711
LAKE WORTH, FL 33454

FEI Number: 81-0670106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VERLLARD, HUBERT
2788 LAKE IDA RD
DELRAY BCH, FL 33445 US

Name and Address of New Registered Agent:

MARGARETTE, FLEURINORD
5675 LINCOLN CIR E
LAKE WORTH, FL 33463 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: MARGARETTE FLEURINORD

06/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEURINARD, MARGARETTE
Address: 5675 E LINCOLN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: THELUSME, MAMITE
Address: 6003 THECFARMER RD
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: LAJOIE, NIXON
Address: 3022 N EVERGREEN CIR
City-St-Zip: BOYNTON BCH, FL 33426

Title: D (X) Delete
Name: EXAUS, REGINAL
Address: 21127 NE 4TH CT
City-St-Zip: N MIAMI, FL 33179

Title: D (X) Delete
Name: VEILLARD, HUBERT
Address: 2788 LAKE IDA RD
City-St-Zip: DELRAY BCH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLEURINARD, MARGARETTE
Address: 5675 LINCOLN CIR E
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: DALMACY, SONY
Address: 5675 LINCOLN CIR E
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: VEILLARD, HUBERT
Address: 2788 LAKE IDA RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MAGARETTE FLEURINORD

D

06/20/2006

Electronic Signature of Signing Officer or Director

Date