

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90070 025 ****75.00



DOCUMENT # N05000002578

1. Entity Name

HOPE FOR TOMORROW OUTREACH MINISTRIES, INC.

Principal Place of Business

6728 NW 18 AVE.
 MIAMI FL 33147

Mailing Address

2820 NW 48TH ST.
 MIAMI FL 33142



2. Principal Place of Business - No P.O. Box #

6728 N.W. 18 AVE

Suite, Apt. #, etc.

3. Mailing Address

2820 N.W. 48 ST

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

75-3182364

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PETERSEN, THOMAS
 5770 SW 56 STREET
 MIAMI FL 33155

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas Petersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #