

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2008
Secretary of State**

DOCUMENT# N05000002578

Entity Name: HOPE FOR TOMORROW OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

6728 NW 18 AVE.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2820 NW 48TH ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 73-3182364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, THOMAS
5770 SW 56 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FLOWERS, GAYLE A
Address: 2820 N.W. 48TH ST.
City-St-Zip: MIAMI, FL 33142

Title: VICE () Delete
Name: HILL, TAMMY
Address: 1190 N.W. 12TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: SEC' () Delete
Name: THOMAS, PETERSEN
Address: 5770 MILLER RD.
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: HILL, BEATRICE
Address: 221 NW 64 STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: MCDONALD, WILLIAM
Address: 6728 NW 18TH AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: JONES, ROBERT
Address: 184 NW 58 STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GAYLE FLOWERS

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date