## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003048

Entity Name: T. K. HOPE MINISTRIES INC.

FILED Apr 26, 2006 Secretary of State

Littly Name: 1. N. HOPE WIINGTRIES INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
5860 N.W. 6TH ST OCALA, FL 34471			5860 N.W. 6TH ST OCALA, FL 34482				
Current Ma	ailing Addres	s:	New Mailir	New Mailing Address:			
P.O. BOX 773162 OCALA, FL 344773162 US			P.O. BOX 6348 OCALA, FL 34478 US				
FEI Number:	16-1720103	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certifica	ate of Status Desired ( )	
Name and	Address of C	Name and	Name and Address of New Registered Agent:				
HOPE, TAN 4902 SW 1 OCALA, FL		3					
The above in the State	named entity s of Florida.	submits this statement for the pu	rpose of changing it	s registere	d office or r	egistered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	nt			Date	
OFFICERS	AND DIREC	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () HOPE, TANGER 4902 SW 111 F OCALA, FL 34	PL RD	Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () HOPE, GREGO 4902 SW 111P OCALA, FL 34	L RD	Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () GARDNER, RHO 2063 NE 58TH OCALA, FL 344	ST	Title: Name: Address: City-St-Zip:	D GARDNER, 3928 SW 13 OCALA, FL	88TH PL	( ) Addition	
Title: Name: Address: City-St-Zip:	D () TUGGERSON, I 2600 SW 10TH OCALA, FL 34-	ST APT # 910	Title: Name: Address: City-St-Zip:		() Change	( ) Addition	

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: RHONDA GARDNER D 04/26/2006