

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007572

FILED  
May 30, 2007  
Secretary of State

**Entity Name:** HOPE OUTREACH MINISTRIES CENTER INC.

**Current Principal Place of Business:**

7505 WINGING WAY DR  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7505 WINGING WAY DR  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 30-0323506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

AGOSTO, ANTHONY  
7505 WINGING WAY DR  
TAMPA, FL 33615      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AGOSTO, ANTHONY  
Address: 7505 WINGING WAY DR  
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete  
Name: AGOSTO, BELINDA  
Address: 7505 WINGING WAY DR  
City-St-Zip: TAMPA, FL 33615

Title: ST ( ) Delete  
Name: AGOSTO, CHRISTINA  
Address: 7505 WINGING WAY DR  
City-St-Zip: TAMPA, FL 33615

**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:

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: ANTHONY AGOSTO

REV.

05/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date