

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007572

FILED
Jul 06, 2008
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:

9552 BATON ROUGE LANE
LAND O'LAKES, FL 34638 US

Current Mailing Address:

7505 WINGING WAY DR
TAMPA, FL 33615

New Mailing Address:

9552 BATON ROUGE LANE
LAND O'LAKES, FL 34638 US

FEI Number: 30-0323506 **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:

AGOSTO, ANTHONY
7505 WINGING WAY DR
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

AGOSTO, ANTHONY
9552 BATON ROUGE LANE
LAND O'LAKES, FL 34638 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: ANTHONY AGOSTO

07/06/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGOSTO, ANTHONY
Address: 9552 BATON ROUGE LANE
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: V (X) Change () Addition
Name: AGOSTO, BELINDA
Address: 9552 BATON ROUGE LANE
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: T (X) Change () Addition
Name: GUZMAN, NESTOR
Address: 10223 WOODFORD BRIDGES COURT
City-St-Zip: TAMPA, FL 33626 US

Title: S () Change (X) Addition
Name: GUZMAN, MARIA
Address: 10223 WOODFORD BRIDGES COURT
City-St-Zip: TAMPA, FL 33626 US

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

P

07/06/2008

Electronic Signature of Signing Officer or Director

Date