2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N05000009228

Entity Name: EVANGELIST APOSTOLIC CHURCH OF HOPE, INC

Current Principal Place of Business:

309 NORTH 20TH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

309 NORTH 20TH STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 51-0553640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINSON, SAMUEL
309 NORTH 20TH STREET
FORT PIERCE, FL 34950 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: P ( ) Delete
Name: ROBINSON, SAMUEL
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP ( ) Delete
Name: ROBINSON, ANNIE J
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: S ( ) Delete
Name: HOWARD, SHALONDA M
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PASTOR SAMUEL ROBINS, ON
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP (X) Change ( ) Addition
Name: ASSISTANT PASTOR ANN, IE J ROBINSON
Address: 309 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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

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: SAMUEL ROBINSON P 04/19/2007

Electronic Signature of Signing Officer or Director — Date