

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/17/2007 00019-043 \$70.00-\$70.00


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000001162 1. Entity Name BLESSED HOPE MINISTRY INCORPORATED			
Principal Place of Business 21 PRINCESS KATHLEEN LANE PALM COAST, FL 32164		Mailing Address 21 PRINCESS KATHLEEN LANE PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box # 54 S. Ridgwood Ave Suite, Apt. #, etc. Ormond Beach		3. Mailing Address Suite, Apt. #, etc. City & State FLORIDA Zip 32174	
City & State FLORIDA Zip 32174		Country USA	
4. FEI Number 		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DEVON 875 WILMETTE AVE APT. 812 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, DEVON 875 WILMETTE AVE APT 812 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSANTE, MELINDA F 1620 CHESTNUT AVE WINTER PARK, FL 32174	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, JACQUELINE 875 WILMETTE AVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-14-07 386-538-0635 <small>Daytime Phone #</small>	