

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009071

FILED
Jul 15, 2008
Secretary of State

Entity Name: HOPE AMBASSADORS MINISTRIES, INCORPORATED

Current Principal Place of Business:

2087 SARNO ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

1040 VISTA CAY COURT
BRANDON, FL 33511

Current Mailing Address:

P. O. BOX 410758
MELBOURNE, FL 32941

New Mailing Address:

P O BOX 976
BRANDON, FL 33509

FEI Number: 26-2915884 **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:

ARCHINIHU, JOHNSPENCER C M.D.
2087 SARNO ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ARCHINIHU, JOHNSPENCER C M.D.
1040 VISTA CAY COURT
BRANDON, FL 33511 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: JOHNSPENCER C. ARCHINIHU

07/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARCHINIHU, JOHNSPENCER C DR.
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: RHODES, CHARLES M DR.
Address: 4300 NORTH WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: ARCHINIHU, NKEIRUKA N BS,RN
Address: 2087 SARNO ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: ARCHINIHU, JOHNSPENCER C DR.
Address: 1040 VISTA CAY COURT
City-St-Zip: BRANDON, FL 33511

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

Title: S (X) Change () Addition
Name: ARCHINIHU, NKEIRUKA N BS,RN
Address: 1040 VISTA CAY COURT
City-St-Zip: BRANDON, FL 33511

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: JOHNSPENCER C. ARCHINIHU

P,D,

07/15/2008

Electronic Signature of Signing Officer or Director

Date