

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012141

FILED
May 01, 2007
Secretary of State

Entity Name: GIVING PEOPLE HOPE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

3516 MILNER DRIVE SOUTH
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

PO BOX 92893
LAKELAND, FL 338042893

New Mailing Address:

FEI Number: 48-1259983 **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:

THOMAS, CLIFFORD
3516 MILNER DRIVE SOUTH
LAKELAND, FL 33810 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: BROWN, R EARL
Address: 3919 NORTH 5TH STREET
City-St-Zip: PHILADELPHIA, PA 19140

Title: VP () Delete
Name: BROWN, LINDA K
Address: 3919 NORTH 5TH STREET
City-St-Zip: PHILADELPHIA, PA 19140

Title: ST () Delete
Name: THOMAS, CLIFFORD
Address: 3516 MILNER DRIVE SOUTH
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, R EARL
Address: P.O. BOX 92892
City-St-Zip: LAKELAND, FL 33804

Title: VP (X) Change () Addition
Name: BROWN, LINDA K
Address: P.O. BOX 92892
City-St-Zip: LAKELAND, FL 33804

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: CLIFFORD THOMAS

ST

05/01/2007

Electronic Signature of Signing Officer or Director

Date