

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2008  
Secretary of State**

DOCUMENT# N06000012141

**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: P.O. BOX 92892  
City-St-Zip: LAKELAND, FL 33804

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: LINDA K. BROWN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

05/01/2008

\_\_\_\_\_  
Date