2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # N06000012632 1. Entity Name HOPE & RESTORATION INTERNATIONAL MINISTRIES, INC						-30-2007 90434		
Principal Place of Business 2518 11TH AVENUE EAST BRADENTON, FL 34208 Mailing Address 2518 11TH AVENUE EAST BRADENTON, FL 34208								
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· · · · · · · · · · · · · · · · · · ·	Place of Business - No P.O. Box					### #### ## ##########################	010 11010 01103)## 1 110	NOT ON FEED
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			g-NP CR2	2E037 (12/06)	
City & State		City & State	City & State		4. FEI Number	561946		plied For
Zip	Country	Zip Cou		у	5. Certificate of Sta		\$8.75 Add	litional
	6. Name and Address of C	urrent Registered Agent			7. Name and Addr	ess of New Register		
LEE, RICHARD V				Name				
SUNTRUST CENTER 1001 THIRD AVENUE WEST, SUITE 350 BRADENTON, FL 34205				Street Address (P.O. Box Number is Not Acceptable)				
			ļ-,	City FL Zip Code				
	e named entity submits this state	ment for the purpose of cha	nging its registered	office or register	red agent, or both, in t	he State of Florida. 1	am familiar with,	and accept
SIGNATURE	Signature, typed or presed name of register		(NOTE: Registered Ap	· · · · · ·	\$5.00 May Be		heck payable to	
			st Fund Contribution		Added to Fees		epartment of St	
10.	OFFICERS A	ND DIRECTORS	11.	170	ADDITIONS/CHANGE	S TO OFFICERS AN		
name Street address City-St-Zip		□ De	NAME	ROZ	ELL A. FO: 1811th Ave adenton,	nue FASI	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ 0e	NAME	V/S BRA QORESS -7P	Enda J. F. 18 11th Au adenton	ster enue En	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Da	elete îitle Name	T Jene	va Niles st o-A 13+3 st identon, Fl	-Reet West	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAME	ADDRESS 1/4	LELL A. FOSI 4 MAIN SE Jesville, G	ER JR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ 0 4	NAME	D. ALL ADDRESS 950	AN DYGERT 136 SE.N. FOENTON, F	Ė.	☐ Change	Addition
TITLE			elete TITLE	D				Addition

12. Thereby 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: T

SIGNATURE AND TYPED OR PRINTED NAM

4-25-07 941-744-5523
Date Dayume Phone #