


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90026 032 \*\*\*\*75.00

<b>DOCUMENT # N07000009608</b>	
1. Entity Name <b>HOPE OF CHRIST CHURCH MINISTRY INC.</b>	

Principal Place of Business <b>209 MADISON AVE DAYTONA BEACH FL 32114</b>	Mailing Address <b>209 MADISON AVE DAYTONA BEACH FL 32114</b>
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2. Principal Place of Business - No P.O. Box # <b>209 Madison Ave</b>	3. Mailing Address <b>507 Colfax Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Daytona Beach, FL</b>	City & State <b>Daytona Beach, FL</b>
Zip <b>32114</b>	Zip <b>32114</b>
Country <b>Volusia</b>	Country <b>Volusia</b>

1st MOORE CR2E037 (10/07)

4. FEI Number **72-1590896**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>JONES, SANDRA 507 COLFAX DR DAYTONA BEACH FL 32114</b>	
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 *Sandra Jones* (NOTE: Registered Agent signature is required when reinstating)

DATE 4-28-08

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN, ENOR C <i>pastor</i> <input checked="" type="checkbox"/> Delete 507 COLFAX DR DAYTONA BEACH FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, SANDRA <i>Secretary</i> <input checked="" type="checkbox"/> Delete 507 COLFAX DR DAYTONA BEACH FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMIMOW, JERMAINE <i>Treasurer</i> <input checked="" type="checkbox"/> Delete 942 N. 15th Stree DAYTONA BEACH FL 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: *Enor C. Jean* 4/28/08