

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011615

FILED
May 01, 2008
Secretary of State

Entity Name: THE HOUR OF RESURRECTION MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

17930 NE 10TH AVE
N MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17930 NE 10TH AVE
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HYPPOLITE, MARTINE
17930 NE 10TH AVE
N MIAMI BCH, FL 33162 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: OJUKWU, ENOCH U
Address: 2709 PALMS GRADE DR
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: NWANKWO, DAVID C
Address: 2912 SHAUGHNESSY
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: LEANDRE, CARLINE
Address: 4473 NW 92ND AVE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: HYPPOLITE, MARTINE
Address: 13725 NE 6TH AVE #201
City-St-Zip: N MIAMI BCH, FL 33061

Title: D () Delete
Name: EZEALA, EJIKE
Address: 20850 FAN SIMEON WAYS, UNIT 302-5
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: VERTUS, YOLENE
Address: 1972 NW 100 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

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:

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: CARLINE LEANDRE

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date