

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007987

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** IZA'S HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

4201 RED BIRD AVENUE  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4201 RED BIRD AVENUE  
ST. CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 26-3257017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFADDEN, TRACY L  
4201 RED BIRD AVENUE  
ST. CLOUD, FL 34772 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  
**Name:** MCFADDEN, TRACY L  
**Address:** 4201 RED BIRD AVENUE  
**City-St-Zip:** ST. CLOUD, FL 34772

**Title:** VP  
**Name:** EVANS, LESLIE  
**Address:** 3190 WINDMILL POINT BOULEVARD  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** S/T  
**Name:** MCFADDEN, BRYAN  
**Address:** 4201 RED BIRD AVENUE  
**City-St-Zip:** ST. CLOUD, FL 34772

I hereby 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 all other like empowered.

**SIGNATURE:** TRACY L MCFADDEN

PRES

01/24/2011

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

\_\_\_\_\_  
Date