

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 / 6

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:03

DOCUMENT # N12045 (3)
1. Corporation Name
THE EVANGELICAL MISSION OF HOPE, INC.

Principal Place of Business Mailing Address
1400 CR 17 A NORTH LOT 52 AVON PARK FL 33825 P.O. BOX 98 AVON PARK FL 33825-0098

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/13/1985 3a. Date of Last Report 04/22/1994
4. FEI Number 65-0010103 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REV. PASCAL PERMIS
15125 SW SEMINOLE DR.
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPD
NAME	BUSTIN, CHARLES M.
STREET ADDRESS	1400 COUNTY RD 17A NO, LOT 52
CITY-ST-ZIP	AVON PARK FL
TITLE	VD
NAME	ALVAREZ, DOUCET
STREET ADDRESS	GALILEAN CHIL HOME
CITY-ST-ZIP	PONT MATHEUX, HAITI
TITLE	STD
NAME	ROC, JOANES
STREET ADDRESS	1425 AVE F
CITY-ST-ZIP	BELLE GLADE FL
TITLE	D
NAME	LERICHE, RUTH H.
STREET ADDRESS	1020 CHANDLER AVE.
CITY-ST-ZIP	LINDEN NJ
TITLE	D
NAME	SEIDE, SAINTILMA
STREET ADDRESS	155 STEWART AVE.
CITY-ST-ZIP	HEMPSTEAD NY
TITLE	VD
NAME	SHEMELIA, EDWARD
STREET ADDRESS	4071 ADMIRE RD
CITY-ST-ZIP	THOMASVILLE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEAUGE, ANTONIO
1.3 STREET ADDRESS	419 HICKORY ACRES DR.
1.4 CITY-ST-ZIP	SMYRNA, GA 30082
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Bustin Rev. Charles M. Bustin 1/14/95 813-452-1453
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Daytime Phone #)