

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N12045 (3)**

1. Corporation Name  
**THE EVANGELICAL MISSION OF HOPE, INC.**



Principal Place of Business  
**1400 CR 17 A NORTH  
LOT 52  
AVON PARK FL 33825**

Mailing Address  
**P.O. BOX 98  
AVON PARK FL 33825-0098**

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

3. Date Incorporated or Qualified <b>11/13/1985</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>65-0010103</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **Please see Letter.**

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

12. OFFICERS AND DIRECTORS

TITLE	DPD	<input type="checkbox"/> DELETE
NAME	BUSTIN, CHARLES M.	
STREET ADDRESS	1400 COUNTY RD 17A NO, LOT 52	
CITY - ST - ZIP	AVON PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, DOUCET	
STREET ADDRESS	GALILEAN CHIL. HOME	
CITY - ST - ZIP	PONT MATHEUX, HAITI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROC, JOANES	
STREET ADDRESS	1425 AVE F	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LERICHE, RUTH H.	
STREET ADDRESS	1020 CHANDLER AVE.	
CITY - ST - ZIP	LINDEN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDE, SAINTILMA	
STREET ADDRESS	155 STEWART AVE.	
CITY - ST - ZIP	HEMPSTEAD NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEMELIA, EDWARD	
STREET ADDRESS	4671 ADMIRE RD	
CITY - ST - ZIP	THOMASVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**D LERICHE, RUTH  
401 RT. 22 W # 46 D  
NORTH PLAINFIELD, NJ**

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 119.07(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** **May 7, 1996** **(941) 452-1453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)