

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33826-0098
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3. Date Incorporated or Qualified 11/13/1985	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

4. FEI Number 65-0010103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	FL
85 Zip Code	

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTIN, CHARLES M.	1.2 NAME	
STREET ADDRESS	1400 COUNTY RD 17A NO, LOT 52	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, DOUCET	2.2 NAME	
STREET ADDRESS	GALILEAN CHIL. HOME	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONT MATHEUX, HAITI	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROC, JOANES	3.2 NAME	
STREET ADDRESS	1425 AVE F	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERICHE, RUTH	4.2 NAME	
STREET ADDRESS	401 RT. 22 W #46 D	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PLAINFIELD NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDE, SAINTILMA	5.2 NAME	
STREET ADDRESS	155 STEWART AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEMPSTEAD NY	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEMELIA, EDWARD	6.2 NAME	
STREET ADDRESS	4671 ADMIRE RD	6.3 STREET ADDRESS	615 PHILIPS ST.
CITY-ST-ZIP	THOMASVILLE PA	6.4 CITY-ST-ZIP	BELPRE, OH 45714

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)