

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. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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	
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
STREET ADDRESS	401 RT. 22 W #46 D
CITY-ST-ZIP	NORTH PLAINFIELD 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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD SHEMELIA, EDWARD
6.3 STREET ADDRESS	615 PHILIPS ST.
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)