


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90092 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12045**

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
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 98	3. Date Incorporated or Qualified 11/13/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0010103
City & State 23	City & State 28 AVON PARK, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 33826-0098	Country 30 U.S.A.	

9. Name and Address of Current Registered Agent

REV. PASCAL PERMIS  
 15425 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDE, SAINTILMA	4.2 NAME	
STREET ADDRESS	155 STEWART AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HEMPSTEAD NY	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEMELIA, EDWARD	5.2 NAME	
STREET ADDRESS	615 PHILIPS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELPRE OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D BEAUGE, ANTONIO
STREET ADDRESS		6.3 STREET ADDRESS	419 HICKORY ACRES DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SMYRNA, GA 30082

14. I 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, with all other like empowered.

SIGNATURE: REV CHARLES M. BUSTIN *Rev. Charles M. Bustin* JANUARY 7, 1999 (941) 452-1453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)