


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N12045			
1. Entity Name THE EVANGELICAL MISSION OF HOPE, INC.			
Principal Place of Business 6900 MISSION LANE FORT MYERS FL 33916		Mailing Address P O BOX 50213 FORT MYERS FL 33994-0213	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent REV. PASCAL PERMIS 15125 SW SEMINOLE DR. INDIANTOWN FL 34956		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-0010103 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
1st MOORE CR2E037 (10/05)			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BUSTIN, CHARLES M	NAME	
STREET ADDRESS	6900 MISSION LANE	STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33916	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALVAREZ, DOUCET	NAME	
STREET ADDRESS	GALILEAN CHIL. HOME	STREET ADDRESS	
CITY- ST- ZIP	PONT MATHEUX, HAITI	CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ROC, JOANES	NAME	
STREET ADDRESS	1425 AVE F	STREET ADDRESS	
CITY- ST- ZIP	BELLE GLADE FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SEIDE, SAINTILMA	NAME	
STREET ADDRESS	155 STEWART AVE.	STREET ADDRESS	
CITY- ST- ZIP	HEMPSTEAD NY	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BEAUGE, ANTONIO	NAME	
STREET ADDRESS	419 HICKORY ACRES DR	STREET ADDRESS	
CITY- ST- ZIP	SMYRNA GA 30082	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	



000000465309 Change Add
03/22/06-80031-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Charles M. Bustin* **Charles M. Bustin** 3/8/06 (239) 332-31