

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 043 ****70.00

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

40000100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0010103 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPD	<input type="checkbox"/> Delete
NAME	BUSTIN, CHARLES M	
STREET ADDRESS	6900 MISSION LANE	
CITY-ST-ZIP	FORT MYERS, FL 33916	
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	SEIDE, SAINTILMA	
STREET ADDRESS	155 STEWART AVE.	
CITY-ST-ZIP	HEMPSTEAD, NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUGE, ANTONIO	
STREET ADDRESS	419 HICKORY ACRES DR	
CITY-ST-ZIP	SMYRNA, GA 30082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Charles M. Bustin **CHARLES M. BUSTIN** APR. 27, 2007 (239) 940-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #