


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 009 ****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	
2. Principal Place of Business - No P.O. Box # 2181 GISH LANE		3. Mailing Address 2181 GISH LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. FT. MYERS, FLORIDA		City & State N. FT. MYERS, FLORIDA	
Zip 33917	Country U.S.A.	Zip 33917	Country U.S.A.
4. FEI Number 65-0010103		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DPD BUSTIN, CHARLES M 6900 MISSION LANE FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD Bustin, Charles M 2181 Gish Lane N. Fort Myers FL. 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, DOUCET GALILEAN CHIL. HOME PONT MATHEUX, HAITI, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROC, JOANES 1425 AVE F BELLE GLADE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Roc, Joanes 261 N.W. North Macedo Blvd. Port St-Lucie FL. 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDE, SAINTILMA 155 STEWART AVE. HEMPSTEAD, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUGE, ANTONIO 419 HICKORY ACRES DR SMYRNA, GA 30082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Rev. Charles M. Bustin</i>		Date <i>Jan. 11, 2008</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>(239) 940-3945</i>	