

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N12045

Entity Name: THE EVANGELICAL MISSION OF HOPE, INC.

Current Principal Place of Business:

2181 GISH LANE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

2181 GISH LANE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0010103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REV. PASCAL PERMIS
15125 SW SEMINOLE DR.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPD () Delete
Name: BUSTIN, CHARLES M
Address: 2181 GISH LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD () Delete
Name: ALVAREZ, DOUCET
Address: GALILEAN CHIL. HOME
City-St-Zip: PONT MATHEUX, HAITI,

Title: STD () Delete
Name: ROC, JOANES
Address: 261 N.W. NORTH MACEDO BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: SEIDE, SAINTILMA
Address: 155 STEWART AVE.
City-St-Zip: HEMPSTEAD, NY

Title: D () Delete
Name: BEAUGE, ANTONIO
Address: 419 HICKORY ACRES DR
City-St-Zip: SMYRNA, GA 30082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALVAREZ, DOUCET
Address: GALILEAN CHIL. HOME
City-St-Zip: PONT MATHEUX, HAITI, XX

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTINSON, GREGORY
Address: 2181 GISH LANE
City-St-Zip: NORTH FT MYERSL, FL 33917

Title: VD (X) Change () Addition
Name: BEAUGE, ANTONIO
Address: 419 HICKORY ACRES DR
City-St-Zip: SMYRNA, GA 30082

Title: D () Change (X) Addition
Name: MARTINSON, JASMINE
Address: 2181 GISH LANE
City-St-Zip: NORTH FT MYERSL, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M BUSTIN

DPD

04/27/2009

Electronic Signature of Signing Officer or Director

Date