

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12045

FILED  
Apr 27, 2009  
Secretary of State

**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