


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22564</b> 1. Entity Name <b>CHRISTIAN AWARENESS MISSION OF HOPE, INC.</b>			
Principal Place of Business <b>C/O OLIVETT JOHNSON 635 N.W. 8TH AVENUE POMPAÑO BEACH FL 33060-5829</b>		Mailing Address <b>C/O OLIVETT JOHNSON P.O. BOX 1223 POMPAÑO BEACH FL 33061</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, OLIVETT 635 N.W. 8TH AVENUE POMPAÑO BEACH FL 33060</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number <b>65-0711104</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, OLIVETT 635 NW 8TH AVENUE POMPAÑO BEACH FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JUDY C 3600 NW 41ST STREET FORT LAUDERDALE FL 33309	Change <input type="checkbox"/> Addition <input type="checkbox"/> 000000701697 04/20/07-80066-008 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, TALMAE J. 1510 N.W. 7TH AVENUE POMPAÑO BEACH FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, TODD R. 2860 N.W. 8TH PLACE FT. LAUDERDALE FL	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GILLIS, KATHERYN 220 NW 15TH PLACE POMPAÑO BEACH FL 33060	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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:** *Olivett Johnson* (OLIVETT JOHNSON) *04/09/07* (954) 739-5089