

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35139

1. Entity Name
ALL PEOPLE MINISTRY OF HOPE INC.



FILED

04 JUN 10 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2631 JAMMES RD.
JACKSONVILLE, FL 32210

Mailing Address
PO BOX 7157
ORANGE PARK, FL 32073

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

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

Country



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3911364

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GRANT, GREGORY K
3270 CHIMNEY DR.
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3270 Chimney Dr
City O P. FL Zip Code 32073

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 Gregory Grant Gregory Grant 6/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is \$61.25 Due by May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	GRANT, GREGORY K SR	
STREET ADDRESS	3270 CHIMNEY DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANT, GREGORY K JR	
STREET ADDRESS	139 HOLLIS DR.	
CITY-ST-ZIP	OPA LOCKA, FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRANT, PATRICIA A	
STREET ADDRESS	3270 CHIMNEY DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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: Gregory Grant Gregory Grant 6/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #