

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 003 \*\*\*\*61.25

**DOCUMENT # N35139**

1. Entity Name  
**ALL PEOPLE MINISTRY OF HOPE INC.**



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

Mailing Address  
**PO BOX 7157  
ORANGE PARK, FL 32073**

**50025298**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006 Chg-NP CR2E037 (4/06)

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

7. Name and Address of New Registered Agent

**GRANT, GREGORY K  
3270 CHIMNEY DR.  
MIDDLEBURG, FL 32073**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**3270 Ricky Dr unit 1903**

City **JAX**

FL Zip Code **32223**

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**

Signature, typed or printed name of registered agent and title if applicable.

**Gregory Grant**

(NOTE: Registered Agent signature required when reinstating)

**July 16, 06**

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **GRANT, GREGORY K SR**  
STREET ADDRESS **3270 CHIMNEY DR.**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **P** ☐ Change ☒ Addition  
NAME **SAME**  
STREET ADDRESS **3270 Ricky Dr unit 1903**  
CITY-ST-ZIP **JAX. FLA. 32223**

TITLE **T** ☐ Delete  
NAME **GRANT, GREGORY K JR**  
STREET ADDRESS **139 HOLLIS DR.**  
CITY-ST-ZIP **OPA LOCKA, FL 32073**

TITLE **T** ☐ Change ☒ Addition  
NAME **SAME**  
STREET ADDRESS **7756 SPANISH OAKS DR**  
CITY-ST-ZIP **JAX FLA. 32221**

TITLE **VP** ☐ Delete  
NAME **GRANT, PATRICIA A**  
STREET ADDRESS **3270 CHIMNEY DR.**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VP** ☐ Change ☒ Addition  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**GREGORY GRANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #