

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

**FILED**

**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N38528**

1. Entity Name

FAITH, HOPE, AND LOVE MINISTRIES, INC.



Principal Place of Business

Mailing Address

% REV. CLAYTON HARRELL  
4421 N.W. 22ND CT.  
MIAMI FL 33142

% REV. CLAYTON HARRELL  
4421 N.W. 22ND CT.  
MIAMI FL 33142



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0274143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRELL, CLAYTON  
4421 N.W. 22ND CT  
MIAMI FL

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: PD ☐ Delete  
NAME: HARRELL, CLAYTON (CHM)  
STREET ADDRESS: 4421 N.W. 22ND CT.  
CITY-STATE-ZIP: MIAMI FL

TITLE: DV ☐ Delete  
NAME: HOUSTON, GERTRUDE  
STREET ADDRESS: 325 N.W. 14TH ST.  
CITY-STATE-ZIP: FT. LAUDERDALE FL

TITLE: DT ☐ Delete  
NAME: HARRELL, KATHLEEN  
STREET ADDRESS: 4421 N.W. 22ND CT.  
CITY-STATE-ZIP: MIAMI FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
000000605562  
01/30/07-80041-006 70.00

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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: Rev. Clayton Harrell REV. CLAYTON HARRELL

1/19/07 (305) 635-4287