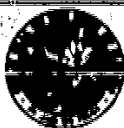


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N41250 (4)
1. Corporation Name
THE DOOR OF HOPE COMMUNITY MINISTRIES, INC.

Principal Place of Business Mailing Address
1225 9TH AVENUE NORTH 1225 9TH AVENUE NORTH
ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1990** 3a. Date of Last Report **02/10/1994**
4. FBI Number **59-3066432** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSGROVE RALPH
1225 9TH AVENUE NORTH
ST. PETERSBURG FL 33705

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **RALPH W. MOSGROVE**
Signature, typed or printed name of registered agent and the if applicable.

Ralph W. Mosgrove **2/23/95**
(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSGROVE RALPH	1.2 NAME	500001453465
STREET ADDRESS	7536 17TH LANE N.	1.3 STREET ADDRESS	-04/18/95--01101--021
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	***130.00 ***61.25
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSGROVE, ELSIE	2.2 NAME	
STREET ADDRESS	7536 17TH LN. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTA-CRUZ STEVE	3.2 NAME	
STREET ADDRESS	113200 4TH ST., E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADERA BEACH FL 33708	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	SHANKS, LEYLA	4.2 NAME	D MOSGROVE, REED
STREET ADDRESS	3040 S. PINES DR. #94	4.3 STREET ADDRESS	7536 17th Lane N.
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	ST. Petersburg, FL 33702
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	HERBERTSON, JAMIE	5.2 NAME	
STREET ADDRESS	3040 S. PINES DR. #94	5.3 STREET ADDRESS	BLANK
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	BEARDSLEY, SHARON	6.2 NAME	
STREET ADDRESS	9071 52ND WAY, N.	6.3 STREET ADDRESS	BLANK
CITY-ST-ZIP	PINELLAS PARK FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ralph W. Mosgrove**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RALPH W. MOSGROVE

X **2/23/95** **813**
893-3388
4-17-95

0000004