FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N41250** **(4)**

1. Corporation Name
THE DOOR OF HOPE COMMUNITY MINISTRIES, INC.

Principal Place of Business	Mailing Address
1225 9TH AVENUE NORTH ST. PETERSBURG FL 33705	1225 9TH AVENUE NORTH 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. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, Ralph W. Mosgrove X 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	500001459465
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	MADEIRA BEACH FL 33708	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	D ☐ Change ☐ Addition
NAME	SHANKS, LEYLA	4.2 NAME	~~Mosgrove~~ 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 617, 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 X 2/23/95 813 893-3388
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
RALPH W. MOSGROVE

LW 4-17-95

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