

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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** **1225 9TH AVENUE NORTH**  
**ST. PETERSBURG FL 33705** **ST. PETERSBURG FL 33705**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/10/1990</b>	3a. Date of Last Report <b>04/17/1995</b>
21		26		4. FEI Number <b>59-3066432</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Ralph W. Mosgrove, Pres.*

*1/18/96*

Sign above, typed or printed name of registered agent and title if applicable

(Not E) Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSGROVE RALPH	1.2 NAME	
STREET ADDRESS	7536 17TH LANE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, REED	4.2 NAME	<i>MOSGROVE, REED</i>
STREET ADDRESS	7536 17TH LANE NORTH	4.3 STREET ADDRESS	<i>7536 17TH Lane N.</i>
CITY-ST-ZIP	ST. PETERSBURG FL 33702	4.4 CITY-ST-ZIP	<i>St. Petersburg, FL 33702</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, Pres.*

*1/18/96*

*813-893-3388*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)