

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 # N44512 (4)

1. Corporation Name

VOICE OF HOPE INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

**40748 COUGARS COVE
LEESBURG FL 34788
US**

Mailing Address

**40748 COUGARS COVE
LEESBURG FL 34788
US**

3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

12/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3136604

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CMC, DANIEL D.
407748 COUGARS COVE
LEESBURG FL 34788**

81 Name

DR. DANIEL D. CIVIC, C. M. Div., M.S.T., Th.D.

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

17748 SE. 237 COURT

83

84 City

UMATILLA

FL

85 Zip Code

32784

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

DR. DANIEL D. CIVIC, C. M. Div., M.S.T., Th.D.

4/22/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
T	REPNIK, PAVEL	GRABLOVCEVA 28	LJUBLJANA SL	<input type="checkbox"/>
T	CIVIC, MIRJANA	17-25 MADISON STREET	RIDGEWOOD NY	<input checked="" type="checkbox"/>
T	IGNATOVA, IRINA N	UL NOVOGIREEVSKAY 41-48	MOSCOW RU	<input type="checkbox"/>
PD	CMC, DANIEL D	40748 COUGARS COVE	LEESBURG FL	<input type="checkbox"/>
SDT	CMC, SUSAN	40748 COUGARS COVE	LEESBURG FL	<input type="checkbox"/>
DT	REPNIK, MIRJANA	GRABLOVCEVA 28	LJUBLJANA SL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	TIMOTHY CIVIC	17748 SE. 237 COURT	UMATILLA, FL. 32784	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C. M. Div., M.S.T., Th.D.	DR. DANIEL D. CIVIC	17748 S.E. 237 COURT	UMATILLA, FL. 32784	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	JONATHAN CIVIC	17748 S.E. 237 COURT	UMATILLA, FL. 32784	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S.D.S.	SUSAN CIVIC	17748 S.E. 237 COURT	UMATILLA, FL. 32784	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. DANIEL D. CIVIC

Date

4/22/96

Daytime Phone

(904) 669-1150

CR2E037 (12/95)