

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **N44512**

1. Corporation Name

VOICE OF HOPE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business 345 N. GROVE ST. FLISTIS FL 32726

Mailing Address

17748 S.E. 237 COURT UMATILLA FL 32784

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90007 014 ****61.25



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2. Principal P	lace of Business	2a. Mailing Address	2001- 2	3. Date Incorporated or Qualifed	
21			FROVE SI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	* ***	4. FEI Number 59-3136604	Applied For
22		27 27 Charles 2 Charles		39-3 130004	Not Applicable \$8.75 Additional
City & Stat	е	City & State	C. E/.	5. Certifcate of Status Desired	Fee Required
Zip	Country	28 E V 3 / /-	So FC.	6. Election Campaign Financing	\$5.00 May Be
	25	29 32726 3		Trust Fund Contribution	Added to Fees
24	9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New Regist	
81 Name DANIET D. CIVIC					
CIVIC, DANIEL D. 82 Street				iress (P.O. Box Number is Not Acceptable)	
17748 SE 237 COURT			Sileet Add	345 N. GRIVE	S 7
UMATILLA FL 32784			83		
OHD (NED)	1,400.00		84 City		85 Zin Code
			7	<i>をひらすしら</i>	FL 32726
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	(Jan		PRESID	ENT 11	1/99
	Signature, typed or phinted name of registered agent		egistered Agent signature requir		TÉ AND DIDECTORS IN 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	GEDAUK DANEL	☐ DELETÉ	1.1 TITLE		□ Criange □ Addition
NAME	REPNIK, PAVEL		1.2 NAME		
STREET ADDRESS	GRABLOVICEVA 28		13 STREET ADDRESS		
CITY-ST-ZIP	WUBLJANA SL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	SDC		2.1 TITLE		C Gridingo C 7 Addison .
NAME	WARREN, CAROLYN		2.2 NAME		
STREET ADDRESS	475 UMATILLA BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		2. 4 CITY-ST-ZIP		Change Addition
TITLE	I CALATOVA IDIALA AL		3.2 NAME		
NAME	IGNATOVA, IRINA N		1		
STREET ADDRESS	UL NOVOGIREEVSKAY 41-48		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOSCOW RU	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
	CIVIC, DANIEL D	555515	4. 2 NAME		
NAME STREET ADDRESS	17748 SE 237 COURT		4.3 STREET ADDRESS		
	UMATILLA FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	T	☐ DELETE	5.1 TITLE	``	☐ Change ☐ Addition
NAME	PAR. SOO W		5.2 NAME		
STREET ADDRESS	NEW MFE RETREAT, P.O. BOX :	342N/A	5.3 STREET ADORESS		
CITY-ST-ZIP	GRAGSMOOR NY		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REPNIK, MIRJANA		6.2 NAME		
STREET ADDRESS	ODADI OLEOFILIA DO		6.3 STREET ADDRESS	,	}
CITY-ST-ZIP	LJUBLJANA SL		6.4 CITY-ST-ZIP	/	

LJUBLJANA SL CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: