SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:31

DOCUMENT # **N93000000733 (6)**

1. Corporation Name
HOPE METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
2301 NORTH ATLANTIC BLVD. DAYTONA BEACH FL 32118	1335 FLEMING AVE STE 160 ORMOND BCH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3026895 ☐ 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 ☐ **FILING FEE IS $61.25**
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 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTELL, HELEN
1335 FLEMING AVE
STE 160
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	STEELE, STEVEN REV	12 NAME		
STREET ADDRESS	823 N OLEANDER AVE	13 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MARTELL, HELEN	22 NAME		
STREET ADDRESS	1335 FLEMING AVE 160	23 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	24 CITY-ST-ZIP		
TITLE	~~PS~~	31 TITLE	D	☒ Change ☐ Addition
NAME	WATSON, JAMIE	32 NAME		
STREET ADDRESS	P O BOX 411 NA	33 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DUDENHOETTEN, KIRK	42 NAME		
STREET ADDRESS	2480 W INDY SPEEDWAY BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MURPHY, BILL	52 NAME		
STREET ADDRESS	1569 PRIMROSE LN	53 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	Van Allen, Russ	62 NAME		
STREET ADDRESS	2967 S. Atlantic Ave #A903	63 STREET ADDRESS		
CITY-ST-ZIP	Daytona Beach Shores FL 32118	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: Kirk Dudenhoeffer 6/8/95 (904) 788-0817
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001883

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
[illegible]

DOCUMENT # N93000000759 (1)

1. Corporation Name

EARTH DREAM ALLIANCE, INC.

Principal Place of Business	Mailing Address
601 WALDEMAR RD JUPITER FL 33417 US	P O BOX 2219 JUPITER FL 33468 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0414276 ☐ Applied For ☐ Not Applicable

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

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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAKE, LINDA O
601 WALDEMAR RD
JUPITER FL 33477

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DRAKE, LINDA O	12 NAME		
STREET ADDRESS	71 GREEN POINT CIR	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	RAFFERTY, SUSAN S	22 NAME		
STREET ADDRESS	71 GREEN POINT CIR	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	REISMAN, MARLENE	32 NAME		
STREET ADDRESS	20 5TH AVE APT G	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Susan S Rafferty 6-7-95 407 575-7301
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0091197