

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003538

FILED
Apr 30, 2007
Secretary of State

Entity Name: HOPE MINISTRY, INC.

Current Principal Place of Business:

PO BOX 70
ORLANDO, FL 32802

New Principal Place of Business:

BOX 70
ORLANDO, FL 32802

Current Mailing Address:

PO BOX 70
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3194422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREED, PAUL D DR
PO BOX 70
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

FREED, PAUL D DR
BOX 70
ORLANDO, FL 32802 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FREED, PAUL D DR
Address: C/O PO BOX 70 N/A
City-St-Zip: ORLANDO, FL 32802

Title: S () Delete
Name: CRAWFORD, PAUL R
Address: 5224 LEMON TWIST LN
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: FREED, SANDRA L
Address: C/O PO BOX 70 N/A
City-St-Zip: ORLANDO, FL 32802

Title: T () Delete
Name: BARKLEY, GLENN DR
Address: 255 DOE RUN DR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR GLENN BARKLEY

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date