

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000655 (9)

1. Corporation Name

CENTER OF HOPE MINISTRIES INC.

Principal Place of Business

Mailing Address

P.O. BOX 681240
ORLANDO FL 32868-1240

P.O. BOX 681240
ORLANDO FL 32868-1240



2. Principal Place of Business

2a. Mailing Address

21 5021 Indialantic Dr
Suite, Apt. #, etc.

26 P.O. Box 681240
Suite, Apt. #, etc.

22 City & State
Orlando, Fla.

27 City & State
Orlando, Fla.

23 Zip
32808

28 Zip
32868-1240

24 Country
U.S.

29 Country
U.S.

9. Name and Address of Current Registered Agent

GAINES, ALFRED
5021 INDIALANTIC DR
ORLANDO FL 32808

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

4. FEI Number

59-3304199

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

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
Alfred Gaines
STREET ADDRESS
5021 Indialantic Dr
CITY-ST-ZIP
Orlando, Fla. 32808

☐ DELETE

TITLE

NAME
Barbara Gaines
STREET ADDRESS
5021 Indialantic Dr
CITY-ST-ZIP
Orlando, Fla. 32808

☐ DELETE

TITLE

NAME
marcus Gaines
STREET ADDRESS
5021 Indialantic Dr
CITY-ST-ZIP
Orlando, Fla. 32808

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

800001882678

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***61.25

☐ Change

☐ Addition

☐ Change

☐ 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Gaines Barbara Gaines

4-21-96

299-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)