FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # N95000003940 (2)										
HELPING OTHER PEOPLE EXIST (H.O.P.E.) EVANGELISM MINISTRIES, INC.										
Principal Place of Business Mailing Address							- I TOODIICON OKO TOKOH OHAIT OOTAK OOHII	Fill Hall	80188 #HFB 1 9 HI	I Ofoli Obil 1001
4988 °B" ALDER DRIVE 4988 °B" ALDER DRIVE							3. Date Incorporated or Qualified			
WEST PALM BEACH FL 33417-1174			WEST PALM BEACH FL 33417-1174				08/16/1995			
							4. FEI Number			Applied For
2. Principal P	2a. Mailino Address	80			65-0638688			Not Applicable		
21			26 Mishing Address				5. Certificate of Status Desired			Additional
I S⊔ite Aot.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing			Required
22			27				Trust Fund Contribution			to Fees
City & State	0		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip		Country	26	Zip Country			Yes No 8. This corporation owes or has paid the current year Intanglole			
24		25	29 30			This corporation owes or has participated Personal Property Tax due June		urrent year Ir Li Yes	ntanolole No	
	9. Name	and Address of Currer	nt Registered Agent		10. Name and Address of New Ro					
					81 Name					
	UEZ-HALL,			62 Street Add			ess (P.O. Box Number is Not Accepta	ble)		
	' ALDER DE	MVE 33417-1174		83	+					
MEGIFA	ALM DEAU	T FL 3341/-11/4			L					
					84 City			FL		Code
11. Pursuant i office or re agent. I a	to the provis egistered ag m familiar wi	tions of Sections 617.050 pent, or both, in the State ith, and accept the oblig-	/2 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, F	tes, the above authorized belorida Statute	ve-r	named corporation	oration submits this statement for the pon's board of directors. I hereby acce	purpose o	of changing pointment a	its registered s registered
SIGNATURE										
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTI OFFICERS AND DIRECTORS				Registered Agent algnature require 13.		d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN	ID DIRECTO	DC IN 12
TITLE	PD DELETE			1.1 TITLE			ADDITIONAL INCIDENTIAL	DENO AL	Change	
NAME		WEZHALL, SUSAN		1.2 NAME	1.2 NAME					
STREET ADDRESS		ALDER DRIVE		1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP		ALM BEACH FL 3341			1.4 CITY-ST-ZIP					
TITLE Name	VSTD HALL, MAURICE J		☐ DELETE	2.1 TITLE					☐ Change	Addition
STREET ADDRESS	4988 "B" ALDER ORIVE			2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP		ALM BEACH FL 33417	7-1174	2. 4 CITY - ST - ZIP						
TITLE	D			3.1 TITLE					Change	☐ Addition
NAME		REED, ADA		3.2 NAME						
STREET ADDRESS		AGLER BLVD		3.3 STREET						
CITY-ST-ZIP TITLE	LAKE PA	HR FL	DELETE	3.4. CITY- 4.1 TITLE	ST-	ZIP			TT Chance	I i Addition
NAME		IAURICE J	End Decer	4.1 HILE 4.2 NAME	:				Change	Addition
STREET ADDRESS		' ALDER DRIVE		4.3 STREET		ORESS				
CITY-ST-ZIP		ALM BEACH FL 33417	7-1174	4.4 CITY- S		1				
TITLE	D DELETE		5.1 TITLE					Change	☐ Addition	
NAME		ERGER, MARY		5.2 NAME						
STREET ADDRESS		MBASSY DR APT 306		5.3 STREET	T ADI	DRESS				
CITY-ST-ZIP		ALM BCH FL		5.4 CITY-S	ST-Z	IP				
TITLE	D	E DOOMAL LANGE	☐ DELETE	6.1 TITLE					Change	Addition
HAME STORET ADDRESS		E BROWN, JANICE	47	6.2 NAME						
STREET ADDRESS	DEI RAY	PTAINS WALK, UNIT 1	17	6.3 STREET	I ADE	JKESS				

3-19-98

561-686-4166

FILED

May 13 1998 8:00am

Secretary of State