

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 025 \*\*\*\*70.00

**DOCUMENT # N95000003940**

1. Entity Name  
**HELPING OTHER PEOPLE EXIST (H.O.P.E.)  
EVANGELISM MINISTRIES, INC.**



Principal Place of Business  
**4988 "B" ALDER DRIVE  
WEST PALM BEACH, FL 33417-1174**

Mailing Address  
**4988 "B" ALDER DRIVE  
WEST PALM BEACH, FL 33417-1174**

**54045776**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0638688**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ-HALL, SUSAN  
4988 "B" ALDER DRIVE  
WEST PALM BEACH, FL 33417-1174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME RODRIGUEZ-HALL, SUSAN  
STREET ADDRESS 4988 "B" ALDER DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 334171174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSTD ☐ Delete  
NAME HALL, MAURICE J  
STREET ADDRESS 4988 "B" ALDER DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 334171174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME REED, ADA  
STREET ADDRESS 1406 FLAGLER BLVD  
CITY-ST-ZIP LAKE PARK, FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 760 Seventh Street  
CITY-ST-ZIP Riviera Beach, FL, 33404

TITLE D ☒ Delete  
NAME HALL, MAURICE J  
STREET ADDRESS 4988 "B" ALDER DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 334171174

TITLE ☐ Change ☒ Addition  
NAME Stephanie Gomez  
STREET ADDRESS 1351 Thornridge Lane  
CITY-ST-ZIP Royal Palm Beach, FL, 33411

TITLE D ☒ Delete  
NAME LAFORTE BROWN, JANICE  
STREET ADDRESS 300 CAPTAINS WALK, UNIT 117  
CITY-ST-ZIP DELRAY BCH, FL

TITLE ☐ Change ☒ Addition  
NAME Carmen Collazo  
STREET ADDRESS 16874 - 62nd Road, North  
CITY-ST-ZIP Loxahatchee, FL, 33470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Rodriguez-Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 561-686-4166  
Date Daytime Phone #

*SUSAN RODRIGUEZ-HALL*