

**2005.NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

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



05012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0638688

Applied For

Not Applicable

5. Certificate of Status Desired

CA

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | PD |
| NAME | RODRIGUEZ-HALL, SUSAN |
| STREET ADDRESS | 4988 "B" ALDER DRIVE |
| CITY - ST - ZIP | WEST PALM BEACH, FL 334171174 |
| TITLE | VSTD |
| NAME | HALL, MAURICE J |
| STREET ADDRESS | 4988 "B" ALDER DRIVE |
| CITY - ST - ZIP | WEST PALM BEACH, FL 334171174 |
| TITLE | D |
| NAME | REED, ADA |
| STREET ADDRESS | 760 SEVENTH STREET |
| CITY - ST - ZIP | RIVIERA BEACH, FL 33404 |
| TITLE | DS |
| NAME | GOMEZ, STEPHANIE |
| STREET ADDRESS | 1351 THORNBRIDGE LANE |
| CITY - ST - ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | D |
| NAME | COLLAZO, CARMEN |
| STREET ADDRESS | 16874-62ND RD. N |
| CITY - ST - ZIP | LOXAHATCHEE, FL 33470 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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05/05/05-80084-018 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan Rodriguez-Hall 5-2-05 692-9884