


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
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	



05032006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0638688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

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05/20/06-80033-008 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 FILING OFFICER OR DIRECTOR

5-5-06
Date

Daytime Phone #