2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003940

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4988 "B" ALDER DRIVE WEST PALM BEACH, FL 334171174		4988 B WEST PALM BEACH	H, FL 334171174		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4988 "B" ALDER DRIVE WEST PALM BEACH, FL 334171174			4988 B WEST PALM BEACH		
FEI Number:	65-0638688	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
RODRIGUEZ-HALL, SUSAN 4988 "B" ALDER DRIVE WEST PALM BEACH, FL 334171174 US			4988 B	·	
	named entity s of Florida.	ubmits this statement for the po	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/30/2009	
	Electroni	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RODRIGUEZ-HA 4988	Delete ALL, SUSAN EACH, FL 334171174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	HALL, MAURÎCE 4988	Delete E J EACH, FL 334171174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOMEZ, STEPH 1351 THORNRIE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () COLLAZO, CAR 16874-62ND RD		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN RODRIGUEZ-HALL PD 04/30/2009