

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005546 (5)
1. Corporation Name

MISSION OF HOPE INCORPORATED



Principal Place of Business: 603 NORTH BEACH STREET DAYTONA BEACH FL 32114
Mailing Address: 603 NORTH BEACH STREET DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-332 9446
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVIGNE, LOUIS
603 NORTH BEACH STREET
DAYTONA BEACH FL 32114

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 3/15/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAVIGNE, LOUIS	
STREET ADDRESS	1425 MOLIE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WRIGHT, JOHN	
STREET ADDRESS	154 SUE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BANCE, LARRY	
STREET ADDRESS	603 N BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Louis Lavigne	<input checked="" type="checkbox"/>
13 STREET ADDRESS	1425 Mollie Rd	
14 CITY-ST-ZIP	Daytona Beach, Fla 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SD	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Robert Scanlan	
33 STREET ADDRESS	154 Sue Dr.	
34 CITY-ST-ZIP	Altamonte Springs, Fl. 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 3/15/96 238-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E037 (12/95)