2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N95000005694

Entity Name: HOPE RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

2020 PALM BAY RD NE
SUITE 1 & 2
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1345 N HWY A1A
205
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3362082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, WILLIAM H
2115 PALM BAY RD., NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PHELPS, RICHARD S	
Address:	1345 N. HWY AIA #205	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	VD	( ) Delete
Name:	MORRIS, TERRY	
Address:	330 WATSON DRIVE	
City-St-Zip:	INDIANLANTIC, FL 32903	
Title:	TD	( ) Delete
Name:	ERZINGER, LEROY	
Address:	2660 OAKHAVEN ST., NE	
City-St-Zip:	PALM BAY, FL	
Title:	D	( ) Delete
Name:	PRENTICE, TOM	
Address:	3133 WEYBURN AVE SE	
City-St-Zip:	PALM BAY, FL 32909	
Title:	D	( ) Delete
Name:	HOY, JEFFREY D DR	
Address:	524 LA COSTA COURT	
City-St-Zip:	MELBOURNE, FL	
Title:	SD	( ) Delete
Name:	FADDEN, CHRISTOPHER	
Address:	440 MALLARO LANE	
City-St-Zip:	INDIALANTIC, FL 329034714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD S PHELPS PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date