

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N95000005694

1. Entity Name
HOPE RECOVERY MINISTRIES, INC.



Principal Place of Business
**2020 PALM BAY RD NE
SUITE 1 & 2
PALM BAY, FL 32905**

Mailing Address
**1345 N HWY A1A
205
INDIALANTIC, FL 32903**



04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3362082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000898533
04/25/08-80090-012 122.50**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHELPS, RICHARDS
STREET ADDRESS	1345 N. HWY A1A #205
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VD
NAME	MORRIS, TERRY
STREET ADDRESS	330 WATSON DRIVE
CITY-ST-ZIP	INDIANLANTIC, FL 32903
TITLE	TD
NAME	ERZINGER, LEROY
STREET ADDRESS	2660 OAKHAVEN ST., NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D
NAME	PRENTICE, TOM
STREET ADDRESS	3133 WEYBURN AVE SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	HOY, JEFFREY D DR
STREET ADDRESS	524 LA COSTA COURT
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SD
NAME	FADDEN, CHRISTOPHER
STREET ADDRESS	440 MALLARO LANE
CITY-ST-ZIP	INDIALANTIC, FL 329034714

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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 _____

Joseph M. Pellizze **JOSEPH M. PELLIZZE** 4/9/08 321-676-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #