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

## DOCUMENT # N95000005694

1. Entity Name HOPE RECOVERY MINISTRIES, INC.



Principal Place of Business

2020 PALM BAY RD NE

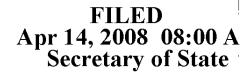
SUITE 1 & 2 PALM BAY, FL 32905 Mailing Address

1345 N HWY A1A

205

DO NOT WRITE IN THIS SPACE

INDIALANTIC, FL 32903





04082008 No Chg-NP

CR2E037 (4/06)

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

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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.				required when reinstating)	DATE				
	Filling Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U0 04/25	0000898 /08-800	3533 090-01	2 122.	50
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHÉLPS, RICHARDS 1345 N. HWY AIA #205 INDIALANTIC, FL 32903		•	•	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, TERRY 330 WATSON DRIVE INDIANLANTIC, FL 32903			•	4	*	· .		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD ERZINGER, LEROY 2660 OAKHAVEN ST., NE PALM BAY, FL 32905			DO	NOT	WR	TE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENTICE, TOM 3133 WEYBURN AVE SE PALM BAY, FL 32909			IN :	THIS	SPA	CE		`*• ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOY, JEFFREY D DR 524 LA COSTA COURT MELBOURNE, FL 32940		.•				٠,	. •	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FADDEN, CHRISTOPHER 440 MALLARO LANE INDIALANTIC, FL 329034714	:			÷,	, .	,		
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.									