

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002511 1. Entity Name HOPE MINISTRIES INTERNATIONAL SOUTHEAST, INC.	
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Principal Place of Business 9480 SUNRISE LAKE BLVD A103 SUNRISE, FL 33322	Mailing Address 9480 SUNRISE LAKE BLVD A103 SUNRISE, FL 33322
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0664856	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNN, HENRY A 9480 SUNRISE LAKE BLVD #103 SUNRISE, FL 33322

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, HENRY AARON 9480 SUNRISE LAKES BLVD #103 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, NORMA S 9480 SUNRISE LAKES BLVD #103 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, BENJAMIN C 842 NW 81 WAY PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80031-006 61.25

**DO NOT WRITE
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: *Henry A. Dunn* **Henry A. Dunn** **4-4-06** **954-748-2960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #