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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90052 025 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003475**

1. Corporation Name

THERE IS HOPE IN JESUS OUTREACH CENTER, INC.

Principal Place of Business

7607 PALM RIVER ROAD  
TAMPA FL 33619

Mailing Address

P.O. BOX 8337  
TAMPA FL 33674-8337



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3481127	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

GREEN, LAURA L  
9324 EASTFIELD RD.  
#A  
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name	LORETTA GREEN
82 Street Address (P.O. Box Number is Not Acceptable)	1722 E IDELL # A
83	
84 City	TAMPA
85 Zip Code	FL 33604

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	BAKER, BRUCE N
NAME	BAKER, BRUCE N	1.2 NAME	BAKER, BRUCE N
STREET ADDRESS	9324 EASTFIELD DRIVE, #A	1.3 STREET ADDRESS	6209 North 22nd Street
CITY-ST-ZIP	THONOTOSASSA FL 33592	1.4 CITY-ST-ZIP	TAMPA, Florida 33604
TITLE	D	2.1 TITLE	BAKER, JANICE
NAME	BAKER, JANICE	2.2 NAME	BAKER, JANICE
STREET ADDRESS	9324 EASTFIELD DRIVE, #A	2.3 STREET ADDRESS	6209 North 22nd Street
CITY-ST-ZIP	THONOTOSASSA FL 33592	2.4 CITY-ST-ZIP	TAMPA, Florida 33604
TITLE	D	3.1 TITLE	BAKER, LATIKA R
NAME	BAKER, LATIKA R	3.2 NAME	BAKER, LATIKA R
STREET ADDRESS	9324 EASTFIELD DRIVE, #A	3.3 STREET ADDRESS	6209 North 22nd Street
CITY-ST-ZIP	THONOTOSASSA FL 33592	3.4 CITY-ST-ZIP	TAMPA, Florida 33604
TITLE	TS	4.1 TITLE	GREEN, LORETTA L
NAME	BAKER, LORETTA L	4.2 NAME	GREEN, LORETTA L
STREET ADDRESS	9324 EASTFIELD DRIVE, #A	4.3 STREET ADDRESS	1722 EAST IDELL #A
CITY-ST-ZIP	THONOTOSASSA FL 33592	4.4 CITY-ST-ZIP	TAMPA, Florida 33604
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Loretta Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 (813) 558-2823

CR2E037 (11/98)