

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90001 028 \*\*\*\*61.25

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1. Corporation Name

HOMES OF HOPE INTERNATIONAL, CORP.

Principal Place of Business  
POST OFFICE BOX 306  
DAYTONA BEACH FL 32115-0306

Mailing Address  
POST OFFICE BOX 306  
DAYTONA BEACH FL 32115-0306

563001-90001-28



2. Principal Place of Business

21 P.O. Box 11152

2a. Mailing Address

26 P.O. Box 11152

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

59-3405011

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HUBERDEON, CYNTHIA A  
405 MOBILE AVE  
DAYTONA BCH FL 32118

10. Name and Address of New Registered Agent

81 Name Cynthia Jaeger

82 Street Address (P.O. Box Number is Not Acceptable)

83 4360 Clovercrest Dr.

84 City New Smyrna Beach FL

85 Zip Code 32168

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 *Cynthia Jaeger* Cindy Jaeger

1/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUBERDEAU, CHNTHIA  
STREET ADDRESS 405 MOBILE AVE  
CITY-ST-ZIP DAYTONA BCH FL

DELETE

TITLE VPT  
NAME JAEGER, JOHN D  
STREET ADDRESS P O BOX 11152 N/A  
CITY-ST-ZIP DAYTONA BCH FL

DELETE

TITLE SD  
NAME HOOD, SANDY  
STREET ADDRESS 1841 CAROLINA AVE  
CITY-ST-ZIP ORMOND BCH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
Cynthia Jaeger  
4360 Clovercrest Dr.  
New Smyrna Beach, FL

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPT  
John Jaeger  
4360 Clovercrest Dr.  
New Smyrna Beach, FL

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

SD  
Sandy Nowell  
(Same.)

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: *Cynthia Jaeger* President 1/26/99 904-409-7802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)