

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Lortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005970 (6)

1. Corporation Name

ARRAY OF HOPE MINISTRIES AND MISSIONS, INC.

Principal Place of Business

**5550 HOLOPAW RD
ST CLOUD FL 34773**

Mailing Address

**5550 HOLOPAW RD
ST CLOUD FL 34773**

2. Principal Place of Business

21 5090 Topeka Ave
Suite, Apt. #, etc.

22

City & State
St Cloud FL

Zip Country

24 34773

25

2a. Mailing Address

26 P.O. Box 700236
Suite, Apt. #, etc.

27

City & State
St Cloud FL

Zip Country

29 34770

30

9. Name and Address of Current Registered Agent

**TURMAN, DEAN K
12598 KIRBY SMITH RD
ORLANDO FL 32832**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Donna M. Ramos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

Director
Donna M. Ramos
5090 Topka Ave
St. Cloud, FL 34773

Director
Maureen T. Falardeau
7490 E. 192 Hwy
St. Cloud, FL 34771

Director
Clarissa Burrows
4940 Topeka Ave
St. Cloud, FL 34773

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St. Cloud, FL 34773

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do 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. 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, changed, or on an attachment with an address.

SIGNATURE *Donna M. Ramos* 12/10/97

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1996** 3a. Date of Last Report

4. FEI Number **59-3418446** Applied For ☒ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E037 (4/97)