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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000000090

1. Corporation Name

A MESSAGE OF HOPE MINISTRIES, INC.

Principal Place of Business

1180 S MAIN ST
BROOKSVILLE FL 34601

Mailing Address

1180 S MAIN ST
BROOKSVILLE FL 34601



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

01/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3483867

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANLOW, RALPH
11072 SPRING HILL DR
SPRING HILL FL 34609

81 Name

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

83

84 City

FL

85 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

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 P ☒ DELETE

NAME MCCLLOUD, ROSALIND

STREET ADDRESS 720 E SUMMIT

CITY-ST-ZIP BROOKSVILLE FL 34601

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Director
Margaret (Marti) Johnson
2503 Waldemar Lane
Tallahassee, FL 32304

☐ Change

☒ Addition

TITLE S ☒ DELETE

NAME MCCLLOUD, ROSALIND

STREET ADDRESS 720 E SUMMIT

CITY-ST-ZIP BROOKSVILLE FL 34601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T ☐ DELETE

NAME OLIVER, DANIEL L

STREET ADDRESS 1180 S MAIN ST

CITY-ST-ZIP BROOKSVILLE FL 34601

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DIRECTOR
DANIEL L. OLIVER
1180 S. MAIN ST.
BROOKSVILLE, FL 34601

☒ Change

☐ Addition

TITLE D ☐ DELETE

NAME THOMAS-OLIVER, MARY L

STREET ADDRESS 1180 S MAIN ST

CITY-ST-ZIP BROOKSVILLE FL 34601

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME FERGUSON SMITH, JANICE

STREET ADDRESS 9474 LORENDALE CIR

CITY-ST-ZIP SPRING HILL FL 34608

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☒ DELETE

NAME BENFORD, BRENDA

STREET ADDRESS 6481 TOLEDO RD

CITY-ST-ZIP SPRING HILL FL 34606-6053

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:

Mary Thomas-Oliver Mary Thomas-Oliver 2/16/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)