## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006753

7505 WINGING WAY DRIVE

TAMPA, FL 33615

Address:

City-St-Zip:

FILED Sep 29, 2004 Secretary of State

Entity Na	me: HOPE CH	HRISTIAN CENTER, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
7505 WING TAMPA, F	GING WAY R L 33615 US	3		
Current Mailing Address:			New Mailing Address:	
7505 WING TAMPA, F	GING WAY R L 33615 US	6		
FEI Number	: 59-3505821	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	ANTHONY GING WAY DR L 33615 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () AGOSTO, ANTH 7505 WINGING TAMPA, FL 33	WAY DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VSD () AGOSTO, BELI 7505 WINGING TAMPA, FL 33	WAY DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	TD ( ) AGOSTP, D. CH	Delete HRISTINA	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANTHONY AGOSTO PD 09/29/2004