

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006753

FILED
May 07, 2005
Secretary of State

Entity Name: HOPE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

7505 WINGING WAY R
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

7505 WINGING WAY R
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3505821 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGOSTO, ANTHONY
7505 WINGING WAY DR
TAMPA, FL 33615 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGOSTO, ANTHONY
Address: 7505 WINGING WAY DR
City-St-Zip: TAMPA, FL 33615

Title: VSD () Delete
Name: AGOSTO, BELINDA
Address: 7505 WINGING WAY DR
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: AGOSTO, D. CHRISTINA
Address: 7505 WINGING WAY DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: AGOSTO, D. CHRISTINA
Address: 7505 WINGING WAY DRIVE
City-St-Zip: TAMPA, FL 33615

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.

SIGNATURE: ANTHONY AGOSTO

PD

05/07/2005

Electronic Signature of Signing Officer or Director

Date