


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-22-2007 90014 016 ****66.25

DOCUMENT # N99000003370	
1. Entity Name MISSION OF HOPE WORSHIP CENTER CHURCH OF GOD, INC.	

Principal Place of Business 5400 HERNANDES DRIVE ORLANDO FL 32808	Mailing Address 5400 HERNANDES DRIVE ORLANDO FL 32808
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818

66019555

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3578660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renewing)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRASER, ARNOLD		NAME	
STREET ADDRESS 2880 SILVER RIDGE DR.		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32818		CITY-STATE-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCH, NOEL		NAME	
STREET ADDRESS 4755 KING COLE BLVD		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32811		CITY-STATE-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRASER, EVADNEY		NAME	
STREET ADDRESS 2880 SILVER RIDGE DRIVE		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32818		CITY-STATE-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKENZIE, ORVILLE		NAME	
STREET ADDRESS 5401 IDLE WILD COURT		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32818		CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, LAMBERT		NAME	
STREET ADDRESS 1801 N. POWERS DR.		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32818		CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GODDARD, EVADNEY		NAME	
STREET ADDRESS 1819 APPLEWOOD COURT		STREET ADDRESS	
CITY-STATE-ZIP ORLANDO FL 32811		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Fraser, Arnold	Date 6/21/07	City and State Orlando, FL
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