

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818		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 		(NOTE: Registered Agent signature required when re-registering)	

FILED
09 JUN 24 PM 12:58



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3578660** Applied For
Not Applicable

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

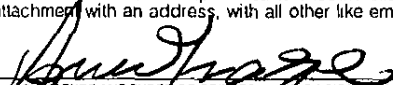
**FILE NOW: FEE IS \$61.25
Due By May 1, 2009**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, ARNOLD 2880 SILVER RIDGE DR. ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700157695927 ☐ Change ☐ Addit 06/24/09--01037--003 **66.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARCH, NOEL 4755 KING COLE BLVD ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRASER, EVADNEY 2880 SILVER RIDGE DRIVE ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKENZIE, ORVILLE 5401 IDLE WILD COURT ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LAMBERT 1801 N. POWERS DR. ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, EVADNEY 1819 APPLEWOOD COURT ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit

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:  **ARNOLD Fraser**

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