

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37448

(8)

1. Corporation Name

VOICE OF HOPE INCORPORATED

Principal Place of Business

40748 COVGARS COVE
LEESBURG FL 34788

Mailing Address

40748 COVGARS COVE
LEESBURG FL 34788

2. Principal Place of Business

21 345 N. GROVE ST

Suite, Apt. #, etc.

22 City & State

23 EVSTIS FL.

24 Zip 32726

Country

25 LAKE

2a. Mailing Address

26 17748 S.E. 237 COURT

Suite, Apt. #, etc.

27 City & State

28 UMATILLA FL

29 Zip 32784

Country

30 MARION

9. Name and Address of Current Registered Agent

CIVIC, DANIEL D
17748 SE 237 COURT
UMATILLA FL 32784

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number

59-3335463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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.

DANIEL CIVIC

(NOTE: Registered Agent signature required when reinstating)

9/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CIVIC, DANIEL
STREET ADDRESS 17748 SE 237 COURT
CITY-ST-ZIP UMATILLA FL

TITLE T ☐ DELETE

NAME REPNIK, PAVEL
STREET ADDRESS GRABLOVCEVA 28
CITY-ST-ZIP LJUBLJANA SL

TITLE T ☐ DELETE

NAME PARK, SOO W
STREET ADDRESS NEW LIFE RETREAT P.O. BOX 342
CITY-ST-ZIP GRAGSMOOR FL 12420

TITLE T ☐ DELETE

NAME IRINA, IGNATOVN
STREET ADDRESS VL NOVOGIREEVSKY 41-49
CITY-ST-ZIP MOSCOW RV

TITLE ST ☐ DELETE

NAME WARREN, CAROLYN
STREET ADDRESS 475 UMATILLA BLVD.
CITY-ST-ZIP UMATILLA FL

TITLE T ☐ DELETE

NAME REPNIK, MIRVANA
STREET ADDRESS GRABLOVCEVA
CITY-ST-ZIP LJUBLJANA SL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CIVIC 9/21/98 (352) 669-1150

Date

Daytime Phone #

FILED
Oct 06 1998 8:00am
Secretary of State



CR2E037 (5/98)