

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 003 ****70.00

DOCUMENT # P37448

1. Corporation Name

VOICE OF HOPE INCORPORATED

Principal Place of Business

345 N. GROVE ST.
EUSTIS FL 32726

Mailing Address

17748 S.E. 237 COURT
UMATILLA FL 32784



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

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

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CIVIC, DANIEL D
17748 SE 237 COURT
UMATILLA FL 32784

10. Name and Address of New Registered Agent

81 Name

ROBERT A. STOWERS

82 Street Address (P.O. Box Number is Not Acceptable)

83

345 N. GROVE ST.

84 City

EUSTIS

FL

85 Zip Code

32726

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

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

TITLE T ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition

1.2 NAME DRAGAN CIVIC
1.3 STREET ADDRESS 345 N. GROVE ST.
1.4 CITY-ST-ZIP EUSTIS FL. 32726

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRAGAN CIVIC 1/2/99 (352) 589-4497

CR2E037 (5/99)