

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 722474

FILED
Feb 15, 2002 8:00 AM
Secretary of State

Entity Name: HOPE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 62-0879012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORROW, BRYAN
11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625

Name and Address of New Registered Agent:

SCHAFFER, ALFRED W
11415 HOPE INTERNATIONAL DR
TAMPA, FL 33625 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: ALFRED W. SCHAFFER

02/15/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: VARNEY, AL
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

Title: PD () Delete
Name: ARLIE, COLE
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

Title: DS () Delete
Name: HESTON, RICHARD
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: DUTTERY, BILL
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

Title: DT () Delete
Name: SCHAFFER, ALFRED,
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

Title: VD () Delete
Name: MORROW, BRYAN
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHAFFER, RONALD L
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625 US

Title: D (X) Change () Addition
Name: ARLIE, COLE
Address: 11415 HOPE INTERNATIONAL DR
City-St-Zip: TAMPA, FL 33625

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

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

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

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

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: ALFRED W. SCHAFFER

DT

02/15/2002

Electronic Signature of Signing Officer or Director

Date