

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90416 019 ****61.25

CS 10010

DOCUMENT # N00000002368

1. Entity Name

HOPE A.R.P. CHURCH, INC.

Principal Place of Business

Mailing Address

**7910 U.S. HWY 98 NORTH
 LAKELAND FL 33809**

**7910 U.S. HWY 98 NORTH
 LAKELAND FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3236174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOGER, THOMAS PASTOR
 7910 U.S. HWY 98 NORTH
 LAKELAND FL 33809**

Name **JORDAN, STEPHEN, PASTOR**

Street Address (P.O. Box Number is Not Acceptable)
7910 U.S. HWY 98 NORTH

City **LAKELAND**

FL

Zip Code **33809**

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.

SIGNATURE *Stephen Jordan*

PASTOR

4-2-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **ST KNAULES, DOUGLAS**
 STREET ADDRESS **1624 CARVER DR**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE Change Addition
 NAME **T KLEINTOP EARL**
 STREET ADDRESS **5723 LAKE GROVE DR**
 CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE Delete
 NAME **ET HUGHES, JOHN**
 STREET ADDRESS **114 ROSALYNN CIR**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **EVANS, ERIC**
 STREET ADDRESS **303 THORNWOOD WAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Earl Kleintop* **EARL KLEINTOP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

863-858-0100

Date

Daytime Phone #

CR2E037 (9/01)