

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90084 027 ****61.25

DOCUMENT # N01000005883

1. Entity Name

HOUSE OF HOPE DELIVERANCE CENTER, INC.

Principal Place of Business

Mailing Address

**1611 W 33 ST
 RIVIERA BCH FL 33404**

**PO BOX 10302
 RIVIERA BCH FL 33419**

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

65-1136708

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINCLAIRE, CARLISSA
 1239 PINE SAGE CIRCLE
 W PALM BCH FL 33409**

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.

SIGNATURE _____

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 **DP**
 STREET ADDRESS **MOSLEY, JOHN PASTOR**
 CITY-ST-ZIP **1611 W 33 ST
 RIVIERA BCH FL 33404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
 STREET ADDRESS **MANUEL, MARY**
 CITY-ST-ZIP **632 57 ST #B
 W PALM BCH FL 33407**

TITLE Change Addition
 NAME **DS**
 STREET ADDRESS **Sophia Hobbs**
 CITY-ST-ZIP **2100 N. Australian Ave Apt. 415 N.
 West Palm Beach FL 33407**

TITLE Delete
 NAME **DT**
 STREET ADDRESS **MOSLEY, WILLETTE**
 CITY-ST-ZIP **1611 W 33 ST
 RIVIERA BCH FL 33404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ANDERS, ANN**
 CITY-ST-ZIP **1119 35 ST
 W PALM BCH FL 33407**

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
 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: _____

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

2-07-02

Date

(561) 841-4401

Daytime Phone #

CR2E037 (9/01)