

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90029 010 ****61.25

DOCUMENT # N16584

1. Entity Name

THE LIVING HOPE INTERNATIONAL MINISTRY, INC.

Principal Place of Business

Mailing Address

**801 29TH ST
 ORLANDO FL 32805
 US**

**P O BOX 560403
 ORLANDO FL 32856-0403
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROBINSON, RICHARD L.
 5250 S. HIGHWAY 17-92
 CASSELBERRY FL 32707**

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

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TITLE: <input type="checkbox"/> Delete NAME: BROWN, CARETHA STREET ADDRESS: 2631 MONTE CARLO TRAIL CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: BROWN, JAMES O. STREET ADDRESS: 2631 MONTE CARLO TRAIL CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: MICHAEL SMITH STREET ADDRESS: 4410 CAROUSEL ROAD CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: DAVIS, STAN STREET ADDRESS: 5556 WESTVIEW DR CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input checked="" type="checkbox"/> Delete NAME: BROWN, JAMES O. STREET ADDRESS: 2631 MONTE CARLO TRAIL CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: SHEPARD, GERRI STREET ADDRESS: 109 WHITE BIRCH DR CITY-ST-ZIP: KISSIMEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: D Valerie W. Evans STREET ADDRESS: 1808 Kalurna Court CITY-ST-ZIP: Orlando, FL 32806

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: *Caretha E. Brown*
 CARETHA E. BROWN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 422-6797
 April 5, 2000

Date

Daytime Phone #

CR2E037 (9/99)