

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90019 001 ****61.25

DOCUMENT # N16584
 1. Entity Name
THE LIVING HOPE INTERNATIONAL MINISTRY, INC.

Principal Place of Business: **801 29TH ST ORLANDO FL 32805 US**
 Mailing Address: **P O BOX 560403 ORLANDO FL 32856-403 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country

3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **NOT APPLICABLE**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBINSON, RICHARD L.
5250 S. HIGHWAY 17-92
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
 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: _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, CARETHA	
STREET ADDRESS	2631 MONTE CARLO TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, JAMES O.	
STREET ADDRESS	2631 MONTE CARLO TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL SMITH	
STREET ADDRESS	4410 CAROUSEL ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, STAN	
STREET ADDRESS	5556 WESTVIEW DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, VALERIE	
STREET ADDRESS	1808 KALURNA CT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEPARD, GERRI	
STREET ADDRESS	109 WHITE BIRCH DR	
CITY-ST-ZIP	KISSIMEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Watson	
STREET ADDRESS	1348 Ballyshannon Pkwy.	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Caretha E. Brown* **Caretha E. Brown** April 13, 2001 (407) 422-6797

CR2E037 (10/00)