

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90085 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000000902

1. Entity Name  
**HOPE COMMUNITY COVENANT CHURCH, INC.**

Principal Place of Business CRYSTAL LAKES COMMUNITY SCHOOL 6050 GATEWAY BLVD BOYNTON BCH FL 33437 US	Mailing Address BLACK, JAMES 75 SANDPIPER WAY BOYNTON BEACH FL 33436-9078 US
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2. Principal Place of Business Christa McAuliffe Middle School Suite, Apt. #, etc. 6500 Le Chateau Blvd. City & State Boynton Beach, FL Zip 33437 Country USA	3. Mailing Address 4781 N. Congress Ave. Suite, Apt. #, etc. PAB #207 City & State Boynton Beach, FL Zip 33426 Country USA
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4. FEI Number 65-0413125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MERICKE, KURT**  
**SOUTHEAST CONFERENCE**  
**BOX 146, 11929 E COLONIAL DR**  
**ORLANDO FL 32826**

7. Name and Address of New Registered Agent  
 Name **Stuart D. Oliver**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4207 N.W. 2nd Terrace**  
 City **Boca Raton** FL Zip Code **33431-4120**

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 DATE **4-7-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEF IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARKE, JOHN E 11150 STONYBROOK LN BOYNTON BCH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC OSTER, HAROLD A 9879 SUN POINT DRIVE BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, SUSAN 2937 VIA VIZCAYA LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES W J 7384 ASHLEY SHORES CIR LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEYBOGOR, JUDITH L 7740 HANAHAN PL LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEUBERGER, JUDITH L. 7740 HANAHAN PL. LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDSBY, ANTHONY 9394 Longmeadow Cir. Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, STEVEN 13763 NORWICK ST WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/6/2000** DAYTIME PHONE # **(561) 733-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)