

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90804 040 \*\*\*\*61.25

0080873

**DOCUMENT # N93000000902**

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



Principal Place of Business  
**CHRISTA MC AULIFFE MIDDLE SCHOOL  
6500 LE CHALET BLVD  
BOYNTON BEACH FL 33437  
US**

Mailing Address  
**BLACK JAMES  
4781 N. CONGRESS AVE. #207  
BOYNTON BEACH FL 33426  
US**

10095211



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0413125** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, STUART  
SOUTHEAST CONFERENCE  
4207 N.W. 2ND TERRACE  
BOCA RATON FL 33431-4120**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**8057 Rock Marie Ave. East**

City **Boynton Beach** FL Zip Code **33437**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stuart D. Oliver* DATE **4/28/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>DT</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>CLARKE, JOHN E</b>         |  |
| STREET ADDRESS | <b>11150 STONYBROOK LN</b>    |  |
| CITY-ST-ZIP    | <b>BOYNTON BCH FL 33437</b>   |  |
| TITLE          | <b>DC</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>OSTER, HAROLD A</b>        |  |
| STREET ADDRESS | <b>9879 SUN POINT DRIVE</b>   |  |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL</b>       |  |
| TITLE          | <b>DS</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>SMITH, WILLIAM</b>         |  |
| STREET ADDRESS | <b>150 WOODLAND ROAD</b>      |  |
| CITY-ST-ZIP    | <b>PALM SPRINGS FL 33461</b>  |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GROSZ, GINA</b>            |  |
| STREET ADDRESS | <b>6520 COLUMBIA AVENUE</b>   |  |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33467</b>    |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>CROSBY, ANTHONY</b>        |  |
| STREET ADDRESS | <b>9394 LONG MEADOW CIR.</b>  |  |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL 33436</b> |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

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          |  | <input checked="" 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          |  | <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)(l), 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: *John E. Clarke* DATE: **4/28/03** (561) 733-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)