

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000146

1. Entity Name

ELPIS OUTREACH MINISTRIES INC. *R*

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90397 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

17350 SOUTH DIXIE HWY  
 MIAMI FL 33157-4319  
 US

17350 SOUTH DIXIE HWY  
 MIAMI FL 33157-4319  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0549736

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

HOPE, JOHN C SR.  
 17350 SOUTH DIXIE HWY  
 MIAMI FL 33157-4319

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	D	<input type="checkbox"/> Delete
NAME	HOPE, JOHN C SR.	
STREET ADDRESS	17350 SOUTH DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33157-4319	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, MONA M	
STREET ADDRESS	20954 SW 85 PASSAGE	
CITY-ST-ZIP	MIAMI FL 33189-3326	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, JOHN C JR.	
STREET ADDRESS	16530 SW 299 ST	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, D. KEVIN	
STREET ADDRESS	1317 MOHR LAKE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, JENNIFER U	
STREET ADDRESS	15325 SW 102 RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
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
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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: *John C Hope* **SIGNATURE** *President* *06/10/00* *(305) 284-7878*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/99)