

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91729 037 ****70.00

DOCUMENT # N95000000146

1. Entity Name

ELPIS OUTREACH MINISTRIES INC.

Principal Place of Business

Mailing Address

17350 SOUTH DIXIE HWY
 MIAMI FL 33157-4319
 US

17350 SOUTH DIXIE HWY
 MIAMI FL 33157-4319
 US

80120913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20954 SW 85 PASSAGE Suite, Apt. #, etc.

20954 SW 85 PASSAGE Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0549736

Applied For

Not Applicable

Zip

US

Zip

US

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

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 **HOPE, JOHN SR.**
 Street Address (P.O. Box Number is Not Acceptable)
20954 SW 85 PASSAGE
 City **MIAMI, FL** Zip Code **33189**

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 **FL**

SIGNATURE *John C. Hope, Ph.D.* *Registered Agent Pres.* **04-28-02**
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 checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, HOPE C SR.	
STREET ADDRESS	20954 SW 85 PASSAGE	
CITY-ST-ZIP	MIAMI, FLORIDA 33189-3326	
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 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* **JOHN C. HOPE, Sr Pres. 04-28-02 (305)251-2860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)