

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90134 009 ****61.25

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DOCUMENT # N95000000146

1. Entity Name

ELPIS OUTREACH MINISTRIES INC.



Principal Place of Business

**20954 S.W 85 PASSAGE
MIAMI FL 33189
US**

Mailing Address

**20954 S.W 85 PASSAGE
MIAMI FL 33189
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0549736**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPE, JOHN C SR.
20954 S.W. 85 PASSAGE
MIAMI FL 33189**

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

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 Florida 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	20954 S.W. 85 PASSAGE	
CITY - ST - ZIP	MIAMI FL 33189	
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		
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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:

SIGNATURE REQUIRED *John C Hope, Ph.D. 05/03/03 (305) 510-0278*

CR2E037 (10/02)