

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90389 050 \*\*\*\*70.00

**DOCUMENT # N98000006327**

1. Entity Name

**HOPE FOR FAMILIES MINISTRIES, INC.**

Principal Place of Business

**988 MERCY DRIVE  
 ORLANDO FL 32808**

Mailing Address

**988 MERCY DRIVE  
 ORLANDO FL 32808**

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

**58-2403672**

Applied For

Not Applicable

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

**COLEMAN, ERNEST JR  
 988 MERCY DRIVE  
 ORLANDO FL 32808**

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	COLEMAN, ERNEST	
STREET ADDRESS	4805 PINE HILLS RD #204	
CITY-ST-ZIP	ORL FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, JOAN	
STREET ADDRESS	4805 PINE HILLS RD #204	
CITY-ST-ZIP	ORL FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINDAL, CAMMIE	
STREET ADDRESS	P.O. BOX 585603	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman, Ernest	
STREET ADDRESS	4805 PineHills RD. #204	
CITY-ST-ZIP	ORL. FL. 32808	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman, Joan	
STREET ADDRESS	4805 Pinehills RD #204	
CITY-ST-ZIP	Orl. FL. 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, FLORINE	
STREET ADDRESS	755 Balsa DR	
CITY-ST-ZIP	Altamonte Spr, FL 32714	
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: *Ernest Coleman* **REQUIRED**

CR2E037 (10/00)