

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000006456

1. Entity Name

OUR LADY OF HOPE ACADEMY, INC.

APPROVED
A05-DI-2000 90046 020 ****61.25
FILED

00 JUN 29 PM 4:45



DO NOT WRITE IN THIS SPACE

Principal Place of Business 108 KINGSLEY AVE. SUITE 100 ORANGE PARK FL 32073	Mailing Address 114 FAIRWAY OAKS DR. ORANGE PARK FL 32073-8224
------------------------------------------------------------------------------------	----------------------------------------------------------------------

2. Principal Place of Business 114 FAIRWAY OAKS DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE PARK FL	City & State
Zip 32073-8224	Country USA

4. FEI Number 59-3604199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLMANN, F. C. ROBERT
598 WELLS LANDING DR.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

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 F.C. Robert Hollmann *[Signature]* 4/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW:
FEE IS \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANNETTE D. EVANS 114 FAIRWAY OAKS DR. ORANGE PARK, FL 32073 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN F.C. ROBERT HOLLMANN 598 WELLS LANDING DR. ORANGE PARK, FL 32073 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT A. EVANS 114 FAIRWAY OAKS DR. ORANGE PARK, FL 32073 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VINCENT ZAMOYA 10429 OSPREY NEST DR JACKSONVILLE, FL 32257 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER YVONNE FARINA 1734 SHOREVIEW DR WEST JACKSONVILLE, FL 32218 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ED GARCIA 324 SWEETBRIER BRANCH LANE JACKSONVILLE, FL 32259 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANNETTE D. EVANS *[Signature]* 4/14/00 (904) 215-9465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Annette D. Evans 5/11/00 (904) 215-9465

CR2E037 (9/99)