

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722474

1. Entity Name

HOPE INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

11415 HOPE INTERNATIONAL DR
TAMPA FL 33625
US

Mailing Address

11415 HOPE INTERNATIONAL DR
TAMPA FL 33625-3963
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

62-0879012

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

ARLIE
COLE, ARLIE
11415 HOPE INTERNATIONAL DR
TAMPA FL 33625

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	SD	<input type="checkbox"/> Delete
NAME	VARNEY, AL	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARLIE, COLE	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HESTON, RICHARD	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTTERY, BILL	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHAFER, ALFRED	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORROW, BRYAN	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	
CITY-ST-ZIP	TAMPA FL 33625	

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	
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED W. SCHAFER

Date

Daytime Phone #

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90058 027 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)