

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

0080966

04-28-2003 90522 020 ****61.25

DOCUMENT # N99000002487



1. Entity Name
LIGHT OF HOPE TABERNACLE, INC.

Principal Place of Business: **22563 SW 66TH AVE F214 BOCA RATON FL 33428**
Mailing Address: **POST OFFICE BOX 1952 BOCA RATON FL 33429**

11018093



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0914407**
Applied For: Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

SIGNATURE _____ (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	<input type="checkbox"/> Delete
NAME	CALICE, JEAN L
STREET ADDRESS	22563 SW 66TH AVE F214
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	SD DORY, NADINE
STREET ADDRESS	22563 SW 66TH AVE F214
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	TD CALICE, MARIE S
STREET ADDRESS	22563 SW 66TH AVE F214
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	D BASTIEN, LESLY
STREET ADDRESS	22563 SW 66TH AVE F214
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	D DORY, JEAN
STREET ADDRESS	22563 SW 66TH AVE F214
CITY-ST-ZIP	BOCA RATON FL 33428
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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 files empowered.

SIGNATURE: *ROSEANNE CALICE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date Daytime Phone #

CFR2E037 (10/02)