

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90049 026 ****61.25

AR0002100



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------|--|---|--|-----------------------------------|
| DOCUMENT # 751342 1. Entity Name HOPEWELL INSTITUTIONAL MISSIONARY BAPTIST CHURCH | | | | DO NOT WRITE IN THIS SPACE | |
| Principal Place of Business 7284 W. BOYNTON BCH. BLVD 33 BOYNTON BEACH FL 33444 | | Mailing Address 700 SW 8TH COURT DELRAY BEACH FL 33444 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 65-0236863 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent STEVENS, KENNETH G. 412 NE 4TH STREET FT. LAUDERDALE FL 33301 | | | | 7. Name and Address of New Registered Agent | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| | PD | MCCASKILL, FRANK, SR. | 2001 NW 24 CT FT. LAUDERDALE FL 33311 | | |
| | PD | HOLLIS, PEGGY | 700 SW 8TH COURT DELRAY BEACH FL 33444 | | |
| | TD | WILSON, ROSA | 554 NW 11TH AVENUE BOYNTON BEACH FL | | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <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: <i>Frank McCaskill</i> REC'D FRANK McCaskill 1-5-2001 954 733 2149 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E037 (10/00)