

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004873

1. Entity Name

WORD OF HOPE CHRISTIAN CENTER, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90032 038 \*\*\*\*61.25

Principal Place of Business . Mailing Address  
1601 REBECCA DR PO BOX 770728  
LIMA OH 45805 CORAL SPRINGS FL 33077-0728  
US

2. Principal Place of Business 3. Mailing Address  
9510 SW 1ST COURT P.O. Box 770728  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
CORAL SPRINGS CORAL SPRINGS, FL  
Zip: 33071 Country: USA Zip: 33071 Country: USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1820386 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JEFFERSON, SHARON E  
9510 SW 1ST CT  
CORAL SPRINGS FL 33071-7371

## 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

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	JEFFERSON, SHARON E	
STREET ADDRESS	9510 SW 1ST CR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, HAROLD R	
STREET ADDRESS	2102 BROOKHAVEN DR	
CITY-ST-ZIP	LIMA OH	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, JOYCE	
STREET ADDRESS	2102 BROOKHAVEN DR	
CITY-ST-ZIP	LIMA OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR JOHN MARTIN	
STREET ADDRESS	2040 SW 55TH WAY	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR GURTEL MARTIN	
STREET ADDRESS	2040 SW 55TH WAY	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
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		
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

Date

Daytime Phone #

CR2E037 (9/99)