

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004964

1. Entity Name

GIVING HOPE, INC.

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90099 015 ****61.25

Principal Place of Business

Mailing Address

8825 BOGGY CREEK ROAD
ORLANDO FL 32824

8825 BOGGY CREEK ROAD
ORLANDO FL 32824

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

74-2901402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERZ, WILLIAM J
8825 BOGGY CREEK ROAD
ORLANDO FL 32824

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 P ☐ Delete
NAME GOAD, RICHARD J
STREET ADDRESS 100 ACADIA TERRACE
CITY-ST-ZIP CELEBRATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GOAD, PANKALLA, CAROLYN
STREET ADDRESS 201 EASTPARK DRIVE
CITY-ST-ZIP CELEBRATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HOFFMAN, GEORGE M
STREET ADDRESS 1176 SCARLET COURT
CITY-ST-ZIP WESTERVILLE OH 43081

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GOAD, TIMOTHY
STREET ADDRESS 1282 EASTPARK DRIVE ROAD
CITY-ST-ZIP CELEBRATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GOAD, CURTIS
STREET ADDRESS 520 CLAREDON AVENUE
CITY-ST-ZIP CELEBRATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

Rick Goad

Date

Daytime Phone #

CR2E037 (9/01)