2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000004964

Entity Name: GIVING HOPE, INC.

FILED Jan 03, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8825 BOGGY CREEK ROAD ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 8825 BOGGY CREEK ROAD ORLANDO, FL 32824 FEI Number: 74-2901402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERZ, WILLIAM J 8825 BOGGY CREEK ROAD ORLANDO, FL 32824 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOAD, RICHARD J Name: Name: Address: 100 ACADIA TERRACE Address: City-St-Zip: CELEBRATION, FL City-St-Zip: Title: () Delete Title: () Change () Addition GOAD- PANKALLA, CAROLYN Name: Name: Address: 201 EASTPARK DRIVE Address: City-St-Zip: CELEBRATION, FL City-St-Zip: Title: () Delete Title: () Change () Addition HOFFMAN, GEORGE M Name: Name: 1176 SCARLET COURT Address: Address: City-St-Zip: WESTERVILLE, OH 43081 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: GOAD, TIMOTHY Name: 1282 EASTPARK DRIVE ROAD Address: Address: City-St-Zip: CELEBRATION, FL City-St-Zip: Title: Title: () Delete () Change () Addition GOAD, CURTIS Name: Name: 520 CLAREDON AVENUE Address: Address: City-St-Zip: CELEBRATION, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J GOAD P 01/03/2003