

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000121

1. Entity Name

HOPE MINISTRY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

113 WILLING STREET
MILTON FL 32570

Mailing Address

P O BOX 942
MILTON FL 32572-0942

2. Principal Place of Business

5231 Willing Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Milton, Florida

City & State

4. FEI Number

59-3617385

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, FREDERICK D SR
7516 ST JOSEPH
MILTON FL 32583

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 PD ☐ Delete
NAME SMITH, FREDERICK D SR
STREET ADDRESS 7516 SAINT JOSEPH
CITY-ST-ZIP MILTON FL 32583

TITLE STD ☐ Delete
NAME SMITH, ELIZABETH H
STREET ADDRESS 7516 SAINT JOSEPH
CITY-ST-ZIP MILTON FL 32583

TITLE D ☐ Delete
NAME WILLIAMS, ELIJAH E
STREET ADDRESS 7516 SAINT JOSEPH
CITY-ST-ZIP MILTON FL 32583

TITLE D ☐ Delete
NAME WILLIAMS, ELISHA O
STREET ADDRESS 7516 SAINT JOSEPH
CITY-ST-ZIP MILTON FL 32583

TITLE D ☐ Delete
NAME SMITH, MYRA L
STREET ADDRESS 1343 RULE STREET
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90105 012 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)