

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90163 021 \*\*\*\*70.00

**DOCUMENT # N00000001438**

1. Entity Name

**THE CHILDREN'S CHURCH HOSPITAL, INC.**

Principal Place of Business

Mailing Address

**6654 HIAWASSEE MDWS. DR.  
ORLANDO FL 32818-1775****6654 HIAWASSEE MDWS. DR.  
ORLANDO FL 32818-1775**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1768828**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLOVER, DOROTHY L  
6654 HIAWASSEE MDWS. DR.  
ORLANDO FL 32818-1775**

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	FDT	<input type="checkbox"/> Delete
NAME	GLOVER, DOROTHY L	
STREET ADDRESS	6654 HIAWASSEE MDWS. DR.	
CITY-ST-ZIP	ORLANDO FL 32818-1775	

TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph L. Offer	
STREET ADDRESS	643 Willowwood Avenue	
CITY-ST-ZIP	Altamonte Springs, FL 32714	

TITLE	T	<input type="checkbox"/> Delete
NAME	CUMMINGS, BEATRICE	
STREET ADDRESS	4719 MIRANDA CIR.	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorraine R. Offer	
STREET ADDRESS	643 Willowwood Avenue	
CITY-ST-ZIP	Altamonte Springs, FL. 32714	

TITLE	T	<input type="checkbox"/> Delete
NAME	GLOVER, JOE C SR.	
STREET ADDRESS	6654 HIAWASSEE MDWS. DR.	
CITY-ST-ZIP	ORLANDO FL 32818-1775	

TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Boyd	
STREET ADDRESS	4612 Miranda Circle	
CITY-ST-ZIP	Orlando, FL. 32818	

TITLE	T	<input type="checkbox"/> Delete
NAME	GLOVER, JOHNNIE M	
STREET ADDRESS	1135 MARTIN LUTHER KING DR.	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tesfai Kassye	
STREET ADDRESS	6612 Hiawassee Meadows Dr.	
CITY-ST-ZIP	Orlando, FL. 32818	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatrice Cummings	
STREET ADDRESS	4719 Miranda Circle	
CITY-ST-ZIP	Orlando, FL. 32818	

TITLE		<input type="checkbox"/> Delete
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-02

407-290-1780

Date

Daytime Phone #

CR2E037 (9/01)