

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90317 011 ****61.25

DOCUMENT # N00000002023

1. Entity Name

WORD OF HOPE MINISTRIES, INC.



Principal Place of Business

**1300 NE 48TH AVE. RD.
OCALA FL 34470-1102**

Mailing Address

**1300 NE 48TH AVE. RD.
OCALA FL 34470-1102**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3637442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLACKWELL, PATRICIA S
1300 NE 48TH AVE. RD.
OCALA FL 34470-1102**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete
NAME **BLACKWELL, PAT SPELL**
STREET ADDRESS **1300 NE 48 AVE RD.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **PD** ☐ Delete
NAME **BLACKWELL, ELWOOD**
STREET ADDRESS **1300 NE 48 AVE RD.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ Delete
NAME **MADSEN, LEE**
STREET ADDRESS **2123 NE 7TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete
NAME **MADSEN, CAROL**
STREET ADDRESS **2123 NE 7TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Patricia Spell Blackwell 9/5/03 352-236-5506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)