

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90320 001 \*\*\*\*74.75

**DOCUMENT # N00000003267**

1. Entity Name

**LIVING HOPE INTERNATIONAL OUTREACH MINISTRIES, I  
 NC.**

Principal Place of Business

Mailing Address

1720 S.W. 64TH AVENUE  
 POMPANO BEACH FL 33068

1720 S.W. 64TH AVENUE  
 POMPANO BEACH FL 33068

2. Principal Place of Business

**1860 N W 38 Ave.**

3. Mailing Address

**1720 S W 64 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Haudenhill Florida**

**Pompano Beach**

City & State

City & State

**Florida**

**Florida**

Zip

Country

**33313**

**Broward**

Zip

Country

**33068**

**Broward**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURTON, MARJORIE R  
 1720 S.W. 64TH AVENUE  
 POMPANO BEACH FL 33068**

Name

**Marjorie R Burton**

Street Address (P.O. Box Number is Not Acceptable)

**1720 S.W. 64 Ave**

**Pompano Beach**

City

FL

Zip Code

**33068**

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 **PD** ☐ Delete  
 NAME **BURTON, MARJORIE**  
 STREET ADDRESS **1720 S.W. 64TH AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33068**

TITLE **Chair Person** ☐ Change ☒ Addition  
 NAME **Keith Phillips**  
 STREET ADDRESS **2850 N W 36 Ave**  
 CITY-ST-ZIP **Haudendale Lakes fl. 33311**

TITLE **VD** ☒ Delete  
 NAME **COCKBURN, DORIS E**  
 STREET ADDRESS **8100 N.W. 20TH COURT**  
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **Vice President** ☒ Change ☒ Addition  
 NAME **ANGELA ANDERSON**  
 STREET ADDRESS **3537 N W 32 St**  
 CITY-ST-ZIP **Hauderdale Lakes fl. 33309**

TITLE **TD** ☐ Delete  
 NAME **BAILEY, MICKELL B**  
 STREET ADDRESS **3796 N UNIVERSITY DR.**  
 CITY-ST-ZIP **POMPANO BEACH FL 33068**

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

TITLE **SD** ☐ Delete  
 NAME **HUNT, AMDRIA**  
 STREET ADDRESS **1311 ROYAL PALM BLVD.**  
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

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

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:

**Marjorie R Burton**

**April 12, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0019957