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FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90213 042 ****70.00

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

DOCUMENT # N00000003364

1. Entity Name
BLESSED HOPE MINISTRIES, INC.

90136658

Principal Place of Business	Mailing Address
3808 NW 167TH ST. MIAMI, FL 33054	PO BOX 694821 MIAMI, FL 33269

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2631 Jamaica Drive Suite, Apt. #, etc.
City & State	City & State: Miramar, Fl
Zip / Country	Zip: 33023 / Country: U.S.

4. FEI Number: 65-1024298 ☐ 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
BROWN-VAN, NATILEE 2631 JAMAICA DRIVE MIRAMAR, FL 33023	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 _____ DATE
Signature, type or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW. FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN, VINCENT 18921 NE MIAMI PLACE MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vincent Van 2631 Jamaica Drive miramar, FL 33023	☒ Change (address) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN, NATILEE 18921 NE MIAMI PLACE MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Natilee Van 2631 Jamaica Drive miramar, FL 33023	☒ Change address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFFEY, BEVERLY 17430 NW 37TH AVENUE MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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] Natilee Brown Van 5/12/03 305 232-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Send to Department of State
Division of Corporations
Corporate Filing
PO Box 6327