

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 007 ****61.25

DOCUMENT # N00000005274

1. Entity Name

PLACE OF HOPE INTERNATIONAL, INC.



Principal Place of Business
**PHILLIPS POINT EAST TOWERS
777 S FLAGLER DR. STE 1100
W PALM BEACH FL 33401**

Mailing Address
**PHILLIPS POINT EAST TOWERS
777 S FLAGLER DR. STE 1100
W PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1030972**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PANZL, JOSEPH R
111 N ORANGE AVE, STE 900
ORLANDO FL 32801**

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

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

T ☐ Delete
TITLE
NAME **WOERNER, DARREN MR**
STREET ADDRESS **777 S. FLAGLER DRIVE, SUITE 1100**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

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

SD ☐ Delete
TITLE
NAME **MULLINS, TODD MR**
STREET ADDRESS **5343 NORTHLAKE BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

PD ☐ Delete
TITLE
NAME **WOERNER, LARRY J MR**
STREET ADDRESS **777 S. FLAGLER DRIVE, SUITE 1100**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

VD ☐ Delete
TITLE
NAME **WOERNER, LESTER J MR**
STREET ADDRESS **777 S. FLAGLER DRIVE, SUITE 1100**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

VD ☐ Delete
TITLE
NAME **MULLINS, TOM MR**
STREET ADDRESS **5343 NORTHLAKE BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☐ 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

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 REQUIRED

4/25/03 56-835-3247

CR2E037 (10/02)