

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007399

1. Entity Name

MANNING AVENUE HOPE, INC.

Principal Place of Business

2001 PALM BEACH LAKES BLVD. STE 500
W PALM BEACH FL 33409

Mailing Address

2001 PALM BEACH LAKES BLVD. STE 500
W PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SELF, DAVID C II
C/OCLYNE & SELF, P.A.
324 DATURA ST, STE 235
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Bruce Haistead

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

2001 PALM BEACH LKS Blvd. ste 500

City West Palm Beach

FL

Zip Code 33409

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

Bruce A. Haistead

9/10/01

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 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, ROSALIND R	
STREET ADDRESS	1700 EMBASSY DR	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMPTON-KISNER, MAMI	
STREET ADDRESS	1908 GRANTHAM CT	
CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JUAN	
STREET ADDRESS	1525-A PROSPERITY FARM RD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Haistead	
STREET ADDRESS	2001 PALM BEACH LKS Blvd STE 500	
CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE	ROSALIND RILEY-V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2001 PALM Bch LAKES BLVD#500	
STREET ADDRESS	W.P.Bch FL 33409	
CITY-ST-ZIP		
TITLE	MARY DAY-SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2001 PALM Bch LAKE# DIVD	
STREET ADDRESS	WEST PALM Bch, FL 33409	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bruce A. Haistead 9/10/01 561-697-2600

APPROVED
AND
FILED

01 OCT -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2690393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/01)