

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90234 027 ****61.25

DOCUMENT # N00000008192

1. Entity Name

FAITH, HOPE, & LOVE OUTREACH MINISTRY, INC.

Principal Place of Business

3508 SUNKISSED ROAD
TALLAHASSEE FL 32310

Mailing Address

3508 SUNKISSED ROAD
TALLAHASSEE FL 32310

2. Principal Place of Business

3508 Sunkissed Rd

Suite, Apt. #, etc.

3. Mailing Address

3508 Sunkissed Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

39-3697039
APPLIED FOR

Applied For

Not Applicable

Zip

32305

Country

Leon

Zip

32305

Country

Leon

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, PATRICIA J
4265 SLOE DRIVE
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name Patricia J. Hogan

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

4265 Sloe Drive

City

Tallahassee

FL

Zip Code

32305

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

Patricia J. Hogan

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

TITLE PDTS ☐ Delete
NAME HOGAN, PATRICIA J
STREET ADDRESS 4265 SLOE DR
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE VDT ☐ Delete
NAME LEWIS, ROBERT
STREET ADDRESS 2115-B PASCO ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DTV ☐ Delete
NAME JOHNSON, MARIAN
STREET ADDRESS 1057 LONGSTREET DR
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE DT ☐ Delete
NAME LEWIS, LENA
STREET ADDRESS 2710-58 COUNTRY CLUB
CITY-ST-ZIP TALLAHASSEE FL 32301

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 PDTS ☐ Change ☐ Addition
NAME Patricia J. Hogan
STREET ADDRESS 4265 Sloe Dr
CITY-ST-ZIP Tallahassee, FL 32305

TITLE T ☐ Change ☐ Addition
NAME Robert Lewis
STREET ADDRESS 1057 Longstreet Dr
CITY-ST-ZIP Tallahassee, FL 32311

TITLE DTV ☐ Change ☐ Addition
NAME Marian Johnson
STREET ADDRESS 1057 Longstreet Dr
CITY-ST-ZIP Tallahassee, FL 32311

TITLE DT ☐ Change ☐ Addition
NAME Lena Lewis
STREET ADDRESS 2710-58 Country Club Dr
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition
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:

Patricia J. Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

443-7869

Daytime Phone #

CR2E037 (9/01)