

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000427

FILED
Mar 21, 2002 8:00 AM
Secretary of State

Entity Name: ABIDING HOPE, INC.

Current Principal Place of Business:

702 WEST MARTIN LUTHER KING JR BLVD
PLANT CITY, FL 33566

New Principal Place of Business:

702 WEST MARTIN LUTHER KING JR BLVD
SUITE 11
PLANT CITY, FL 33566

Current Mailing Address:

702 WEST MARTIN LUTHER KING JR BLVD
PLANT CITY, FL 33566

New Mailing Address:

702 WEST MARTIN LUTHER KING JR BLVD
SUITE 11
PLANT CITY, FL 33566

FEI Number: 59-3694308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARWOOD, RETA J
101 S HOWARD STREET APT 5
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARWOOD, RETA J
Address: 101 HOWARD STREET, #5
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: BLANKENSHIP, VALERIE
Address: 2203 MIKI ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: ROBERTS, CHARLES A
Address: 2203 N. MAERIN ST.
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: CONARD, OWEN REV.
Address: 807 S. EWERS STREET
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: WOLKEN, ADAM J
Address: 101 HOWARD ST., #8
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEFRANCESCO, TONY
Address: 2882 HAMMOCK DRIVE
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY DEFRANCESCO

D

03/21/2002

Electronic Signature of Signing Officer or Director

Date