

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91322 010 \*\*\*\*61.25

DOCUMENT # NO1000000548 ✓

1. Entity Name

Hope in Christ Ch of the Nazarene

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4832 N. Main St  
Suite, Apt. #, etc.

3. Mailing Address

Box 773  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville

32208

Country

USA

City & State

Jacksonville FL

32208

Country

USA

4. FEI Number

59-3614693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

GIDEON CHARLES

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

7207 Fernandina Ave  
Jacksonville

City

**FL**

Zip Code

32208

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. Director OFFICERS AND DIRECTORS

TITLE Director  
NAME GIDEON CHARLES  
STREET ADDRESS 7207 Fernandina Ave  
CITY - ST - ZIP Jacksonville FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE Secretary  
NAME Lesly Harrison  
STREET ADDRESS 6830 Burgundy  
CITY - ST - ZIP 32256

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE Treasurer  
NAME Patricia West  
STREET ADDRESS 6835 Ring Arthur Rd Jax FL  
CITY - ST - ZIP 32210

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE Member  
NAME Sy/ma Charles  
STREET ADDRESS 7207 Fernandina Ave  
CITY - ST - ZIP Jax FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE Member  
NAME Elton Mack  
STREET ADDRESS 1591 Lane Ave  
CITY - ST - ZIP Jax FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

CR2E037B (12/01)