2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000901

FILED Jan 27, 2003 Secretary of State

Entity Name: HOPE LEARNING COMMUNITY OF RIVIERA BEACH, INC.

Current Principal Place of Business:				New Principal Place of Business:			
P O BOX 10614 RIVIERA BEACH, FL 334190614 US				21 WEST 22ND STREET RIVIERA BEACH, FL 33404 US			
Current Mailing Address:				New Mailing Address:			
P O BOX 10614 RIVIERA BEACH, FL 334190614 US							
FEI Number:	65-1076887	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certifi	cate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and Address	of New Re	egistered Agent:	
MACK, LISA 2042 CROSS BREEZE DR WELLINGTON, FL 33414 US				JENKINS, ALLEAN P.O. BOX 1080 PORT SALERNO, FL 34992 US			
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: ALLEAN JENKINS						01/27/2003	
	Electronic	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ES TO OF	FICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	D () [JENKINS, ALLEA P.O. BOX 1080 PORT SALERNO			Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address: City-St-Zip:	D ()[LAUNAY, JANINE 12432 PECONIE WELLINGTON, F	COURT		Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address: City-St-Zip:	D () E BECTON, HYACI 500 W 24 ST RIVIERA BEACH			Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address: City-St-Zip:	CW () E MACK, LISA 2042 CROSS BR WELLINGTON, F			Title: Name: Address: City-St-Zip:	() Change	e () Addition	
Title: Name: Address: City-St-Zip:	D ()[OVERTON, LYNN 1898 BARNSTAE WELLINGTON, F	BLE ROAD		Title: Name: Address: City-St-Zip:	() Change	e () Addition	

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: ALLEAN JENKINS D 01/27/2003