05/01/2002 17:10 407-332-4835 CIS

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May 15, 2002 8:00 am
Secretary of State
05-15-2002 90088 020 ****61.25

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

DOCUMENT # N01000000955

1. Entity Name: THE H.O.P.E. OUTREACH FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 806 WESTWIND LANE, FERN PARK, FL 32730

3. Mailing Address: P.O. BOX 300982, FERN PARK, FL 32730, USA

4. FEI Number: 59-8710878

5. Certificate of Status Desired: ✓ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: DR. ROBERT M. JENKINS
806 WESTWIND LANE
FERN PARK, FL 32730

DO NOT WRITE IN THIS SPACE

8. SIGNATURE: [signature] 4-30-02

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.

Title	Name / Street Address / City-St-Zip
PRES.	DR. ROBERT M. JENKINS, 806 WESTWIND LN, FERN PARK, FL 32730
VPRES.	DR. LAWRENCE LANGSTON, 806 WESTWIND LANE, FERN PARK, FL 32730
DIR.	REV. L.R. SUGGS, 806 WESTWIND LN, FERN PARK, FL 32730
DIR.	REV LANNA JOHNSON, 806 WESTWIND LN, FERN PARK, FL 32730
DIR	DR. ROBERT ANTONIANO, 806 WESTWIND LN, FERN PARK, FL 32730

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CR2E0178 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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 is attached with all other like empowered.

SIGNATURE: ROBERT M. JENKINS [signature] 4-30-02 321-436-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR