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Secretary of State

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

DOCUMENT # NO1000000955

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

P.O. BOX 300982

DO NOT WRITE IN THIS SPACE

City & State

FERN PARK, FL

City & State

FERN PARK, FL

4. FEI Number

59-8710878

Zip

32730

Zip

32730

Country

USA

5. Corporation of Status

☒ \$8.75 Additional
 Fee Required
DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DR. ROBERT M. JENKINS

Address (include FEI Number if Not Applicable)

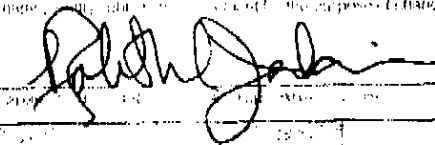
806 WESTWIND LANE

City: FERN PARK, FL

32730

8. Declaration of Officer or Director (to be completed by the officer or director of the corporation who is filing this report)

Signature



4-30-02

FEE IS \$81.25
Initial or Amended UBR9. Filings in Compliance with
First Annual Report Due\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

NAME	DR. ROBERT M. JENKINS Pres.	TITLE	NAME
STREET ADDRESS	806 WESTWIND LN	STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK, FL 32730	CITY-STATE-ZIP	
NAME	DR. LAWRENCE LANGSTON VPRES.	TITLE	NAME
STREET ADDRESS	806 WESTWIND LANE	STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK, FL 32730	CITY-STATE-ZIP	
NAME	REV. L. R. SUGGS Dir.	TITLE	NAME
STREET ADDRESS	806 WESTWIND LN	STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK, FL 32730	CITY-STATE-ZIP	
NAME	REV. LAMMA JOHNSON Dir.	TITLE	NAME
STREET ADDRESS	806 WESTWIND LN	STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK, FL 32730	CITY-STATE-ZIP	
NAME	DR. ROBERT ANTONIANO Dir.	TITLE	NAME
STREET ADDRESS	806 WESTWIND LN	STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK, FL 32730	CITY-STATE-ZIP	
NAME		TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I, the undersigned, declare that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE:

ROBERT M. JENKINS 

4-30-02 321-436-2936

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR