

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001512

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: HOPE FOR OCALA, INC.

Current Principal Place of Business:

151 SW 87TH PLACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

151 SW 87TH PLACE
OCALA, FL 34476

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWBRIDGE, TED
151 SW 87TH PLACE
OCALA, FL 34476

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE () Change (X) Addition
Name: CRAGGS, TOMMY DIRECTO
Address: 3402 SE 15TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: DIRE () Change (X) Addition
Name: ANDREWS, DAN DIRECTO
Address: 2033 SE 15TH LANE
City-St-Zip: OCALA, FL 34471 US

Title: DIRE () Change (X) Addition
Name: WILLIAMS, ANNA DIRECTO
Address: 8260 S MAGNOLIA AVE
City-St-Zip: OCALA, FL 34476 US

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: TOMMY CRAGGS

DIRE

05/01/2002

Electronic Signature of Signing Officer or Director

Date