

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001633

1. Entity Name

A WORLD OF HOPE, INC.

Principal Place of Business

1039 - PROVIDENCE LANE
OVIEDO FL 32765

Mailing Address

1039 - PROVIDENCE LANE
OVIEDO FL 32765

2. Principal Place of Business

1039 - PROVIDENCE LANE

3. Mailing Address

P.O. Box 9620965

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

USA

Zip

32762

Country

32765

4. FEI Number

65-1084388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PEGGY A
1039 - PROVIDENCE LANE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> Delete
NAME	SMITH, PEGGY (Peggy)	
STREET ADDRESS	1039 - PROVIDENCE LANE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	Asst. Director	<input type="checkbox"/> Delete
NAME	Jackson, Peggy	
STREET ADDRESS	1576 - Knottling Hill Court	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	Asst. Sec.	<input type="checkbox"/> Delete
NAME	Kathy Shaw	
STREET ADDRESS	225 - Woodlake Blvd #78	
CITY-ST-ZIP	Alt. Springs, FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-20-2002 90306 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)