

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003065

1. Entity Name

SEED OF HOPE OUTREACH MINISTRY INC.

Principal Place of Business

Mailing Address

PO BOX 551243
ORLANDO FL 32855

PO BOX 551243
ORLANDO FL 32855

97630

2. Principal Place of Business

3. Mailing Address

2431 Aloma Ave Suite 126

2431 Aloma Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

126

126

City & State

Winter Park, Fla.

City & State

Winter Park, Fla.

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-3714605

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

POKE, JOHN E
433 W NEW ENGLAND AVE #204
WINTER PARK FL 32789

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	POKE, JOHN E	
STREET ADDRESS	433 NEW ENGLAND AVE #204	
CITY-ST-ZIP	ORLANDO FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	POKE, CYNTHIA D	
STREET ADDRESS	433 NEW ENGLAND AVE #204	
CITY-ST-ZIP	ORLANDO FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICKSON, O M	
STREET ADDRESS	2215 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
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		

TITLE	PIC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKE, JOHN E	
STREET ADDRESS	433 NEW ENGLAND AVE #204	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VIS/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKE, CYNTHIA D	
STREET ADDRESS	433 W. NEW ENGLAND AVE #204	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACCO, MICHAEL A	
STREET ADDRESS	5725 GATLIN AVE #314	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIP, LEROY	
STREET ADDRESS	3508 Mill Pond Court	
CITY-ST-ZIP	ORLANDO, Fla. 32822	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, Jo Anna	
STREET ADDRESS	5534 Canteen Court	
CITY-ST-ZIP	Oviedo, Fla. 32765	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, Tyranny E.	
STREET ADDRESS	5534 Canteen Court	
CITY-ST-ZIP	Oviedo, Fla. 32765	

CR2E037 (9/01)

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 info empowered.

SIGNATURE:

Cynthia Poke

Date

5/16/02

Daytime Phone #

407-443-5087 ext

Attachment

97630

2002 UNIFORM BUSINESS REPORT

NO/000003065

Additional Officers



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
Arreola, Juan
11126 Alderly Commons Ct.
Orlando, FL 32837