

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003256

FILED
Aug 18, 2003
Secretary of State

Entity Name: GOD'S HOPE HAVEN, INCORPORATED

Current Principal Place of Business:

1580 SE 33RD STREET
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1580 SE 33RD STREET
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3719982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACELET, GLORIA
1580 SE 33RD STREET
GAINESVILLE, FL 32641

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: D () Delete
Name: BRACELET, GLORIA
Address: 1580 SE 33RD STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ZAINE, XAN
Address: 1580 SE 33RD STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: LEE, NATASHA
Address: 2340 SW 32ND PL
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATASHA LEE

D

08/18/2003

Electronic Signature of Signing Officer or Director

_____ Date