2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2002 8:00 am Secretary of State

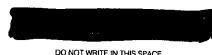
08-14-2002 90023 020 ****70.00

ETERNAL HOPE EVANGELISTIC CENTERS, INC.

DOCUMENT # N0100003632

Principal Place of Business Mailing Address 3215 PATE POND RD. CARYVILLE FL 32427 3215 PATE POND RD. CARYVILLE FL 32427 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

41947



			· 1					
City & State			4. FEI Number V Applied For					
Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required					
Address of Curre	int Registered Agent		7. Name and Address of New Registered Agent					
WORKS, ERNESTINE N			Name Street Address (P.O. Box Number is Not Acceptable)					
			OCCUPATION IN NOT ACCEPTED BY					
		City	FL Zip Code					
	l Address of Curre	Address of Current Registered Agent	Country Zip Country I Address of Current Registered Agent Name Street Address					

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,

SIGNATURE

9. Election Campaign Financing

DATE

		Trust Fund (Contribution,	Added to Fees	Department of State		
,10.	OFFICERS AND DIRECTO	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP.		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Emestine N. W. 3215 Pate Pond CAryville FC	Road (D)	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADORESS CITY+ST-ZIP	Treasurer June E Lawon 14766 Co. Rond Slowmb, AL 363	sन, (D)	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael Wo-Kl 140 wuddell Ro Marianna, Fl	al '	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Oelete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition

CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: