

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004977

1. Entity Name

HOPE FOR THE HOMELESS MINISTRIES INC.

Principal Place of Business

2152 9TH AVE NORTH  
ST PETERSBURG FL 33713

Mailing Address

2152 9TH AVE NORTH  
ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731143

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

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

1930 So Melanie Dr

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
INFANZON, SAMUEL  
3301 58TH AVE SOUTH, APT 509  
ST PETERSBURG FL 33712

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
CHRISTINA STRICKLAND  
3318 73rd ST N  
ST PETERS, FL 33710

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
STRICKLAND, CHARLES  
5702 11TH STREET SOUTH  
ST PETERSBURG FL 33712

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
RANDLETT, JOHN  
1930 SOUTH METANIE DRIVE  
HOMOSASSA FL 34448

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1930 So MELANIE DR

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 16, 2002 8:00 am  
Secretary of State

05-24-2002 91273 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)