

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008408

1. Entity Name

MESSENGERS OF HOPE, INC.

Principal Place of Business

441 S. WATERWAY DRIVE
SATELLITE BEACH FL 32937

Mailing Address

441 S. WATERWAY DRIVE
SATELLITE BEACH FL 32937

2. Principal Place of Business

441 S. Waterway Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. # etc.

City & State

Satellite Bch FL

City & State

SAFME

Zip

Country

32937

USA

Zip

Country

4. FEI Number

59-3760560

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK S. J. HALL

441 S. WATERWAY DRIVE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Hall, Mark

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

441 S. Waterway Dr

City

Satellite Bch FL

Zip Code

32937

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

Mark S. J. Hall

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-02

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	D MARK S. J. HALL 441 S. WATERWAY DRIVE SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORP, MARY 1575 DIXIE HIGHWAY MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, SEAMUS 441 S. WATERWAY DRIVE SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

Mark S. J. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02

Date

Daytime Phone #

321-536-5954



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)