## FILED Sep 09, 2002 8:00 am Secretary of State 09-09-2002 90009 034 \*\*\*\*70.00

2002 UNIF	OKM	RA2IME22	KEPUKI	(UBK

DOCUMENT # N01000008895

HOPE CENTER INTERNATIONAL MINISTRIES, INC.

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Principal Pla	J Place of Business Mailing Address									
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Zip	Country	Z	509	Country USA		5. Certificate of S		\$8.75 Fee Rec	Additional puired	
	6. Name and Address	of Current Registe	red Agent			7. Name and Add	iress of New Re	gistered Agent		コ
	er in in Terminale			Narr	θ ΑπκάτΔ	ro-lam	мр ·			
- ~	EV CAROTIERS		• •	Stree		P.O. Box Number is				
	LEY, CAROTHERS		•		209	E. Chust	ER AVE			
VALRICO	NTRY VINEYARD DR			[			-			l
VALINGO	rl 33394			City		0.4			Code	$\neg$
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	e named entity submits this strions of registered agent.	statement for the pur	pose of changing its	registered offic	e or register	red agent, or both, in	the State of Flor	ida. I am familiar v	vith, and acce	pt
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SIGNATURE	//mani	o Jan	iel				•	5 <i>121 102</i>	_	
Oldination	Signature, typed or printed name of r	egistered agent and title It a	oplicable (NOTE	: Registered Agent si	gnature required	when reinstating)		DATE /		-
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	After September 13, 2	2002,	9. Election Can	npaign Financin		\$5.00 May Be	Mak	e Check Payat	ole to	
	min. will be \$236.2		Trust Fund C	ontribution.		Added to Fees		partment of S		
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TITLE	PD ~ .	RS AND DIRECTOR		11.	<del></del>	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTOR		<u></u> @
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12. I hereby certify that the Information supplied with this lilling 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: