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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004204

1. Entity Name
WOMEN OF HOPE, INC.

100023304201
09/24/03--01049--002 **61.25

Principal Place of Business	Mailing Address
6209 N 22ND ST TAMPA, FL 33610	PO BOX 8337 TAMPA, FL 33674

2. Principal Place of Business	3. Mailing Address
4501 N. 42ND St.	P.O. Box 310306
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33610	City & State: Tampa, FL
Zip: 33610 Country: Hills.	Zip: 34689 Country: Hills.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: ✓ 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
BAKER, JANICE 6209 N 22ND ST TAMPA, FL 33610	Name: LESLIE Darlene Pasco Street Address (P.O. Box Number is Not Acceptable): 1410 Stonecreek Dr. City: Tarpon Springs FL Zip Code: 34689

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW - FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BAKER, JANICE STREET ADDRESS: 6209 N 22ND ST CITY-ST-ZIP: TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD NAME: SMITH, DIANE STREET ADDRESS: 4107 GREAT OAKS CT #32 CITY-ST-ZIP: TAMPA, FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: PASCO, LESLIE STREET ADDRESS: 1410 STONE CREEK DR CITY-ST-ZIP: TARPON SPRINGS, FL 33689	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ Sept. 21, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(727) 942-9820 (Leslie)