

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90497 039 \*\*\*\*\*70.00

10068301

**DOCUMENT # NO20000009008**

1. Entity Name

**THE STOREHOUSE MINISTRIES OF HOPE, INC.**



Principal Place of Business

**1610 GALLOWAY ROAD  
LAKELAND FL 33809**

Mailing Address

**1610 GALLOWAY ROAD  
LAKELAND FL 33809**

2. Principal Place of Business

**3490 Crest-Lane**

3. Mailing Address

**P.O. 326**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Mulberry, FL**

City & State

**Kathleen, FL**

Zip

**33849**

Country

**U.S.**

Zip

**33849**

Country

**U.S.**

4. FEI Number

**51-0433913**

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAULK, KIM  
1610 GALLOWAY ROAD  
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE

*Kim Faulk*

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

(NOTE: Registered Agent signature required when reinstating)

**4-22-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **D** ☐ Delete  
NAME: **FAULK, KIM**  
STREET ADDRESS: **P.O. BOX 326**  
CITY-ST-ZIP: **KATHLEEN FL 33849**

TITLE: **D** ☐ Delete  
NAME: **FAULK, WILLIAM R**  
STREET ADDRESS: **P.O. BOX 326**  
CITY-ST-ZIP: **KATHLEEN FL 33849**

TITLE: **D** ☐ Delete  
NAME: **MAXWELL, KIMBERLY A**  
STREET ADDRESS: **4030 HWY 60 EAST**  
CITY-ST-ZIP: **BARTOW FL 33830**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:

**SIGNATURE REQUIRED**

**4-22-03**

**863-602-5983**

**863-646-1111**

CR2E037 (10/02)