

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004589

1. Entity Name
HOPE UNITES UNITED CHURCH OF CHRIST
METROPOLITAN COMMUNITY CHURCH, INC.



FILED

2008 DEC 29 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
425 COLUMBIA ST
ORLANDO, FL 32806-1007 US

Mailing Address
PO BOX 608634
ORLANDO, FL 32860-8634 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

12262008 REIN-NP CR2E099 (1/07)

4. FEI Number
03-0519203

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATRICK, RUTH A
1262 STONEYWOOD WAY
APOPKA, FL 32712

7. Name and Address of New Registered Agent
Name Tammy Mackey
Street Address (P.O. Box Number is Not Acceptable)
5019 Lake Howell Rd
Winter Park, FL 32792
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 Tammy Mackey Tammy Mackey 12-27-08
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
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATRICK, RUTH 1262 STONEYWOOD WAY APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139316121 12/29/08--01037--018 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAID, PAM 12035 SUMMER SPRINGS LAKES ORLANDO, FL 32825 <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	D, S GARCIA, ALLIE 6806 BELMAR DR. ORLANDO, FL 32807 <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	DC MACKEY, TAMMY 5019 LAKE HOWELL ST WINTER PARK, FL 32792 <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	DC KELLY, CECILIA 6114 ZONNA AVE ORLANDO, FL 32808 <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	D KOVACH, JOSEPH 989 PIEDMONT OAKS LAKES APOPKA, FL 32703 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: Tammy Mackey Tammy Mackey 12-27-08 407-766-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #