

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90051 018 ****70.00

DOCUMENT # N12045

1. Entity Name

THE EVANGELICAL MISSION OF HOPE, INC.

Principal Place of Business

Mailing Address

1400 CR 17 A NORTH
 LOT 52
 AVON PARK FL 33825

P.O. BOX 98
 AVON PARK FL 33826-0098

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0010103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REV. PASCAL PERMIS
15125 SW SEMINOLE DR.
INDIANTOWN FL 34956

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.

SIGNATURE

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

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	DPD	<input type="checkbox"/> Delete
NAME	BUSTIN, CHARLES M.	
STREET ADDRESS	1400 COUNTY RD 17A NO, LOT 52	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, DOUCET	
STREET ADDRESS	GALILEAN CHIL. HOME	
CITY-ST-ZIP	PONT MATHEUX, HAITI	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROC, JOANES	
STREET ADDRESS	1425 AVE F	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDE, SAINTILMA	
STREET ADDRESS	155 STEWART AVE.	
CITY-ST-ZIP	HEMPSTEAD NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHEMELIA, EDWARD	
STREET ADDRESS	615 PHILIPS ST	
CITY-ST-ZIP	BELPRE OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUGE, ANTONIO	
STREET ADDRESS	419 HICKORY ACRES DR	
CITY-ST-ZIP	SMYRNA GA 30082	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles M. Bustin* **CHARLES M. BUSTIN** **FEBRUARY 29, 2000** (94) 452-1453
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE037 (9/99)