

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90078 046 ****70.00

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DOCUMENT # N12045'

1. Entity Name

THE EVANGELICAL MISSION OF HOPE, INC.

Principal Place of Business

1400 CR 17 A NORTH
 LOT 52
 AVON PARK FL 33825

Mailing Address

P.O. BOX 98
 AVON PARK FL 33825-0098

A0023555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3985 DR. M.L. KING BLVD.

3. Mailing Address

P.O. BOX 3003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

CLEWISTON, FLORIDA

4. FEI Number

65-0010103

Applied For

Not Applicable

Zip

33916

Country

U.S.A.

Zip

33440-7003

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

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	D	<input type="checkbox"/> Delete
NAME	BEAUGE, ANTONIO	
STREET ADDRESS	419 HICKORY ACRES DR	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTIN, CHARLES M.	
STREET ADDRESS	3985 DR. M.L. KING, BLVD.	
CITY-ST-ZIP	FT. MYERS, FL.	
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		
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)(l), 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 13, 2001** 941 990 9648
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)