

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90099 016 ****70.00

DOCUMENT # N12045

1. Entity Name

THE EVANGELICAL MISSION OF HOPE, INC.

Principal Place of Business

Mailing Address

**3985 DR M.L. KING BLVD
 FORT MYERS FL 33916**

**P O BOX 3003
 CLEWISTON FL 33440-7003**

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 Delete
 NAME **DPD**
 BUSTIN, CHARLES M.
 STREET ADDRESS **3985 DR M.L. KING BLVD**
 CITY-ST-ZIP **FT MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 ALVAREZ, DOUCET
 STREET ADDRESS **GALILEAN CHIL. HOME**
 CITY-ST-ZIP **PONT MATHEUX, HAITI**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
 ROC, JOANES
 STREET ADDRESS **1425 AVE F**
 CITY-ST-ZIP **BELLE GLADE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 SEIDE, SAINTILMA
 STREET ADDRESS **155 STEWART AVE.**
 CITY-ST-ZIP **HEMPSTEAD NY**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 BEAUGE, ANTONIO
 STREET ADDRESS **419 HICKORY ACRES DR**
 CITY-ST-ZIP **SMYRNA GA 30082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: REV. CHARLES M. BUSTIN, DPD *Charles M. Bustin Jan 29, 2002 (941) 332-3130*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)