

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90541 023 ****70.00

DOCUMENT # N12045

1. Entity Name
THE EVANGELICAL MISSION OF HOPE, INC.



Principal Place of Business
**3985 DR M.L. KING BLVD
FORT MYERS FL 33916**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0010103**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 Florida 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	3985 DR M.L. KING BLVD	
CITY-ST-ZIP	FT MYERS 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Rev. Charles M. Bustin **CHARLES M. BUSTIN** JANUARY 16, 2003 (239) 332-3130

CR2E037 (10/02)