2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State **DOCUMENT # N14723** 1. Entity Name 05-23-2002 90103 011 ****61.25 PEOPLE ADVOCATING TOGETHER WITH HOPE, INC. Principal Place of Business Mailing Address 2502 SANDY LN. 2502 SANDY LN. ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2684170 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired ______ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRASS, G Street Address (P.O. Box Number is Not Acceptable) 2502 SANDY LN ORLANDO FL 32818 Zip Code Fi 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PÑ (9/01)TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRASS, GLORIA NAME NAME 2502 SANDY LN CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE Change ☐ Addition MCCONNELL, DAPHNE NAME NAME 4302 TRENTONIAN CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP SD TITLE ■ Delete TITLE Change Change ☐ Addition CORDAY, DOMI NAME NAME 5210 LAZY OAKS DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DERIETH, MARY ANN NAME NAME 1948 RANWILL COURT STREET ADDRESS STREET ADDRESS Orlando FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP