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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90009 046 \*\*\*\*75.00

DOCUMENT # N23722

1. Corporation Name

H.O.P.E. OUTREACH MINISTRIES, INC

Principal Place of Business

Mailing Address

3271 W. Broward Blvd  
Ft. Lauderdale, FL 33311

4570 NW 70th Ave  
Lauderhill, FL 33319

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2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

September 28, 1987

4. FEI Number

65-0011309

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dr. Frank A. Lloyd  
4570 NW 70th Ave  
Lauderhill, Florida 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 33313 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rev. Frank A. Lloyd

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME Edwin Frank Lloyd  
STREET ADDRESS 4570 NW 70th Ave  
CITY-ST-ZIP Lauderhill, FL 33319

TITLE V/D ☐ DELETE

NAME Jacqueline Lloyd  
STREET ADDRESS Same Above  
CITY-ST-ZIP

TITLE S/D ☐ DELETE

NAME LEFRAN JARON  
STREET ADDRESS 2541 NW 56th Ave  
CITY-ST-ZIP FT LAUD, FLA 33313

TITLE T/D ☐ DELETE

NAME Jacquinta Arronda  
STREET ADDRESS 3651 NW 23rd St  
CITY-ST-ZIP FT LAUD, FLA 33311

TITLE M/D ☐ DELETE

NAME Min Fredrick Lloyd  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M/D ☐ DELETE

NAME Murre Robinson  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/99 (954) 748-5797

CR2E037 (11/98)