

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 036 *****75.00

DOCUMENT # N22722

1. Entity Name

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



Principal Place of Business

**3271 W BROWARD BLVD
FORT LAUDERDALE FL 33311**

Mailing Address

**4570 NW 70TH AVE
LAUDERHILL FL 33319**

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 **65-0011309**

Applied For
Not Applicable

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

**LLOYD, FRANK
4570 NW 70TH AVE
LAUDERHILL FL 33313**

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 **PD** ☐ Delete
NAME **LLOYD, ELDER FRANK**
STREET ADDRESS **4570 NW 70TH AVE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **PD** ☐ Change ☐ Addition
NAME **Lloyd Elder Frank**
STREET ADDRESS **4570 NW 70th Ave**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **VD** ☒ Delete
NAME **LLOYD, JACQUELINE**
STREET ADDRESS **4570 NW 70TH AVE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **Arranda, Jacquinta LP** ☐ Change ☐ Addition
NAME **3651 NW 2nd Street**
STREET ADDRESS **FT Land, FL 33311**

TITLE **SD** ☐ Delete
NAME **LEFRAN, JARON**
STREET ADDRESS **2541 NW 56TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE **Lefran, Jaron SD/70** ☐ Change ☐ Addition
NAME **2541 NW 56th Ave**
STREET ADDRESS **FT. Land, FL 33313**

TITLE **TD** ☐ Delete
NAME **ARRANDA, JACQUINTA**
STREET ADDRESS **3651 NW 2ND ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

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: **Signature Required**

Signature Required

4/10/03

**954
727-2067**

CR2E037 (10/02)