

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31492

1. Entity Name

BLESSED HOPE CHRISTIAN CHURCH, INC.

Principal Place of Business

816 E GENESEE ST
STE A
TAMPA FL 33603
US

Mailing Address

P O BOX 310387
TAMPA FL 33680
US

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 59-3020745

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

JOHNSON, ELLIOTT L.
2707 NORTH 34TH STREET
TAMPA FL 33605

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 PD
NAME JOHNSON, ELLIOTT L.
STREET ADDRESS 2707 N. 34TH STREET
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VDS
NAME JOHNSON, ROSEMARY
STREET ADDRESS 2707 N. 34TH STREET
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BROWN, K. JOSEPH
STREET ADDRESS 18510 OTTERWOOD AVENUE
CITY-ST-ZIP TAMPA FL 33647-1833 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME KING, KATHERINE
STREET ADDRESS 9000 E JEFFERSON, #5-9
CITY-ST-ZIP DETROIT MI 48214 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MUSIMAN, PAMELA
STREET ADDRESS 2109 31ST AVE., #598
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME JOHNSON, JOCELYN J
STREET ADDRESS 2707 N. 34TH ST.
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 008 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)