

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90148 015 \*\*\*\*70.00

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**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

CHECK HERE IF MAKING CHANGES



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. 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	<input type="checkbox"/> Delete
NAME	JOHNSON, ELLIOTT L.	
STREET ADDRESS	2707 N. 34TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	2VDS	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSEMARY	
STREET ADDRESS	2707 N. 34TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, K- JOSEPH	
STREET ADDRESS	18510 OTTERWOOD AVENUE	
CITY-ST-ZIP	TAMPA FL 33647-1833	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KING, KATHERINE	
STREET ADDRESS	9000 E JEFFERSON, #5-9	
CITY-ST-ZIP	DETROIT MI 48214	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUSIMAN, PAMELA	
STREET ADDRESS	2109 31ST AVE., #598	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOCELYN J	
STREET ADDRESS	2707 N. 34TH ST.	
CITY-ST-ZIP	TAMPA FL 33605	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VB/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franks, DeGrando	
STREET ADDRESS	5512 N. 47th St	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Jennifer	
STREET ADDRESS	2707 23rd Ave Villa B	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chandler, Jocelyn	
STREET ADDRESS	2707 23rd Ave Villa B	
CITY-ST-ZIP	Tampa, FL 33603	

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: *Elliott L. Johnson* **REQUIRE** Elliott L. Johnson 1-10-03 813-237-6076

CR2E037 (10/02)