2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90033 014 ****61.25

DOCUMENT # N32823

1. Entity Name

ZION'S HOPE INC.

Principal Place of Business	Mailing Address
4655 VINELAND ROAD ORLANDO FL 32811 US	P O BOX 690909 ORLANDO FL 32869-0909 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4655 Vineland Road	P. O. Box 690909
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32811 Country: US	Zip: 32869 Country: US

4. FEI Number: 59-2976410 ☐ 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
CHARLES MORGAN, ESQ. 1300 N.W. 167TH STREET MIAMI 33169	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSENTHAL, MARVIN 4655 VINELAND ROAD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VAN KAMPEN, ROBERT D. SUITE 180 926 ROBBINS ROAD GRAND HAVEN MI	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PIERRE, SCOTT 101 Washington Street, PMB 770 Grand Haven, MI	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KARSTEN, GLENN D SUITE 180 926 ROBBINS ROAD GRAND HAVEN MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST 13515 Windcrest Lane	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TEASDALE, PAUL MISSION ROAD ROBBINSVILLE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEASDALE, JAMES MISSION ROAD ROBBINSVILLE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, DONALD C 15916 LALINDURA DR. WHITTIER CA 90603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Marvin J. Rosenthal Marvin J. Rosenthal 3/14/00 407-872-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #