

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 024 ****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
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

59-2976410

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 FL 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 **PD** ☐ Delete
NAME **ROSENTHAL, MARVIN**
STREET ADDRESS **4655 VINELAND ROAD**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **CD** ☐ Delete
NAME **PIERRE, SCOTT**
STREET ADDRESS **101 WASHINGTON ST PMB 770**
CITY-ST-ZIP **GRAND HAVEN MI**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5092 Isleworth Country Club Drive**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **ST** ☒ Delete
NAME **KARSTEN, GLENN D**
STREET ADDRESS **13515 WINDCREST LANE**
CITY-ST-ZIP **GRAND HAVEN MI**

TITLE **D** ☐ Change ☒ Addition
NAME **Hayden, Daniel**
STREET ADDRESS **45470 Village Wood Drive**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE **D** ☐ Delete
NAME **TEASDALE, PAUL**
STREET ADDRESS **MISSION ROAD**
CITY-ST-ZIP **ROBBINSVILLE NC**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TEASDALE, JAMES**
STREET ADDRESS **MISSION ROAD**
CITY-ST-ZIP **ROBBINSVILLE NC**

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

TITLE **D** ☐ Delete
NAME **BISHOP, DONALD C**
STREET ADDRESS **15916 LALINDURA DR.**
CITY-ST-ZIP **WHITTIER CA 90603**

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 an other like answered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin J. Rosenthal

5/29/02

407-872-2272

Date

Daytime Phone #

CR2E037 (9/01)