2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48880

1. Entity Name

RAY OF HOPE, INC.

FILED
01 JUL -2 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-01 UBR
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5009 NW 103 RD AVE CORAL SPRINGS FL 33076	

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ 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
	Name: ABB ACCOUNTING & TAX SERVICE INC. Street Address (P.O. Box Number is Not Acceptable): 1900 W COMMERCIAL BLVD SUITE 100 City: FT. LAUDERDALE FL Zip Code: 33309

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] ABB ACCOUNTING & TAX SERVICES, INC.
Signature, type or printed name of registered agent and title if applicable
1900 W. COMMERCIAL BLVD. SUITE 100
FT. LAUDERDALE, FL 33309
(954) 776-3339 FAX (954) 776-6218
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
P JOHNSON, RICHARD 5009 NW 103 RD AVE CORAL SPRINGS FL 33076			
D Lorna Johnson 5009 NW 103rd Ave Coral Springs, FL 33076	☐ Delete	200004481732--6 -07/17/01--01102--018 ****253.75 ****253.75	☐ Change ☐ Addition
D Dicicia Johnson 5009 NW 103rd Ave Coral Springs FL 33076	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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] 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #