

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000733

1. Entity Name

HOPE METROPOLITAN COMMUNITY CHURCH, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90033 007 ****61.25

Principal Place of Business

500 S. RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address

500 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114-4930
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERS, JAMES W
500 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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 **D** ☒ Delete
NAME **HELLERMAN, ROBERT C.**
STREET ADDRESS **431 N. COUNTY RD., 415**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS S. BROWN**
STREET ADDRESS **824 BLACK DUCK DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **D** ☒ Delete
NAME **EITH, WILLIAMS**
STREET ADDRESS **1869 SABAL PLAM DR.**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☐ Change ☒ Addition
NAME **CHARLENE BERGERON**
STREET ADDRESS **521 WESTMORELAND Rd**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **DST** ☐ Delete
NAME **PETERS, JAMES W**
STREET ADDRESS **1401 S. PALMETTO AVE-STE 201**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE **DP** ☐ Delete
NAME **LYNCH, REV. JAMES M**
STREET ADDRESS **75 BROOKWOOD DR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James W. Peters* **JAMES W. Peters, CLERK** 1-6-00 904/254-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)