

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91549 023 ****61.25

DOCUMENT # N93000000733

1. Entity Name

HOPE METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

500 S. RIDGEWOOD AVE
 DAYTONA BEACH FL 32114
 US

Mailing Address

500 S. RIDGEWOOD AVE.
 DAYTONA BEACH FL 32114
 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
James M. Lynch

Street Address (P.O. Box Number is Not Acceptable)

75 Brookwood Dr.

Ormond Beach

City

FL

Zip Code
32174

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

Rev. James M. Lynch President

5/12/01

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 **BROWN, THOMAS**
 STREET ADDRESS **824 BLACK DUCK DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **D** ☐ Change ☒ Addition
 NAME **Helen Martell**
 STREET ADDRESS **500 S. Ridgewood**
 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **D** ☒ Delete
 NAME **BERGERON, CHARLENE**
 STREET ADDRESS **521 WESTMORELAND RD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Change ☒ Addition
 NAME **Bonnie Eaula**
 STREET ADDRESS **5613 Devon**
 CITY-ST-ZIP **Port Orange FL 32127**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Sally Brayton**
 STREET ADDRESS **1509 State Ave # Q**
 CITY-ST-ZIP **Holly Hill, FL 32117**

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 M. Lynch

5/14/01

386 254-0993

CR2E037 (10/00)