

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000902

1. Entity Name

HOPE COMMUNITY COVENANT CHURCH, INC.

Principal Place of Business

CRYSTAL LAKES COMMUNITY SCHOOL
6500 LE CHALET BLVD
BOYNTON BEACH FL 33437
US

Mailing Address

BLACK. JAMES
4781 N. CONGRESS AVE. #207
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

Christa McAuliffe Middle School

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413125

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

OLIVER, STUART
SOUTHEAST CONFERENCE
4207 N.W. 2ND TERRACE
BOCA RATON FL 33431-4120

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

4/25/01

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	DT	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN E	
STREET ADDRESS	11150 STONYBROOK LN	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	DC	<input type="checkbox"/> Delete
NAME	OSTER, HAROLD A	
STREET ADDRESS	9879 SUN POINT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, SUSAN	
STREET ADDRESS	2937 VIA VIZCAYA	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JAMES W J	
STREET ADDRESS	7384 ASHLEY SHORES CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NEYBERGER, JUDITH L	
STREET ADDRESS	7740 HANAHAN PL	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, ANTHONY	
STREET ADDRESS	9394 LONG MEADOW CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Smith	
STREET ADDRESS	150 Woodland Rd.	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Warren	
STREET ADDRESS	13263 Norwick St.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gina Grosz	
STREET ADDRESS	6520 Columbia Ave.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	May Howard	
STREET ADDRESS	5303 Blueberry Hill Ave.	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 561-733-2222

CR2E037 (10/00)