

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90005 037 \*\*\*\*70.00

A0072411

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000001712 (8)

1. Entity Name

Hope of Glory Ministries, INC.

Principal Place of Business

Mailing Address

1735 30 St. So.  
 St. Petersburg, FL 33712

2. Principal Place of Business

3. Mailing Address

P.O. Box 12-115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

Zip

Country

USA

Zip

33733

Country

Pinellas

4. FEI Number

59-3236325

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

Biandudi, Celestin

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

Celestin Biandudi

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

TITLE		<input type="checkbox"/> Delete
NAME	Biandudi, Celestin	
STREET ADDRESS	2701-13 Street So.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Biandudi, Brenda	<input type="checkbox"/> Delete
NAME	2701-13 St. So	
STREET ADDRESS	St. Petersburg, FL 33705	
CITY-ST-ZIP		
TITLE	Cannida, Bessie	<input type="checkbox"/> Delete
NAME	1735 30 St. So	
STREET ADDRESS	St. Petersburg, FL 33712	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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: Celestin Biandudi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/01

Date

727-823-0346

Daytime Phone #

CR2E037 (11/00)