Faxed per Pauline Foster-Grant Telephone Conv. 6-14-02

05-29-2002 93633 001 ****43.75
05-29-2002 93633 002 ***428.75
N94000002533 FILED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2002 8:00
Secretary of State

DOCUMENT # N 94000002533 ✓

1. Entity Name

TOUCH OF HOPE CHRISTIAN MINISTRIES, Church of Go

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 99-02

2. Principal Place of Business	3. Mailing Address
6002 KIMBERLY BLVD	273 South SR 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 277
City & State N. LAUDERDALE, FL	City & State MARGATE, FL
Zip 33068 Country USA	Zip 33065 Country USA

4. FEI Number 65-0481563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name PAULINE FOSTER-GRANT

Street Address (P.O. Box Number is Not Acceptable) 273 South State RD 7

277

City MARGATE FL Zip Code 33068

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 PAULINE FOSTER-GRANT 5/15/02

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FEE IS $61.25 Initial or Amended UBR

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	President Director
NAME	Bishop John Foster-Grant
STREET ADDRESS	273 South SR 7 # 277
CITY-ST-ZIP	MARGATE FL 33065
TITLE	VICE PRESIDENT - Director
NAME	Bishop Pauline Foster-Grant
STREET ADDRESS	273 South SR 7 # 277
CITY-ST-ZIP	MARGATE FL 33065
TITLE	Secy/Treas. - Director
NAME	Evang. Marcia-Griffin
STREET ADDRESS	273 South SR 7 #277
CITY-ST-ZIP	MARGATE FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 5/15/02 954-978-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BB