

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002964

1. Entity Name

HOPE FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 11876
DAYTONA BEACH FL 32120-1876

POST OFFICE BOX 11876
DAYTONA BEACH FL 32120-1876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59332169 NOT APPLICABLE

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

TRIPLETT, DEREK T
1734 STATE AVENUE
HOLLY HILL FL 32117

Name

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

869 DERBYSHIRE ROAD

City DAYTONA BEACH

FL

Zip Code 32117

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 TRIPLETT, DEREK T
STREET ADDRESS 1734 STATE AVE
CITY-ST-ZIP HOLLY HILL FL

TITLE ☐ Change ☐ Addition
NAME 869 Derbyshire Road
STREET ADDRESS Daytona Beach, FL 32117
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, DAVID
STREET ADDRESS 1421 PEACHTREE ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE D ☐ Delete
NAME BROWN, RONALD
STREET ADDRESS 700 WHITE PINE AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE D ☐ Delete
NAME ROOSEVELT TAYLOR
STREET ADDRESS 624 SHADY PLACE
CITY-ST-ZIP DAYTONA BCH FL

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-226-1122



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)