

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003940

1. Entity Name

HELPING OTHER PEOPLE EXIST (H.O.P.E.) EVANGELISM

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90019 030 \*\*\*\*70.00

Principal Place of Business

4988 "B" ALDER DRIVE  
WEST PALM BEACH FL 33417-1174

Mailing Address

4988 "B" ALDER DRIVE  
WEST PALM BEACH FL 33417-1174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0638688

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

RODRIGUEZ-HALL, SUSAN  
4988 "B" ALDER DRIVE  
WEST PALM BEACH FL 33417-1174

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ-HALL, SUSAN	
STREET ADDRESS	4988 "B" ALDER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1174	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HALL, MAURICE J	
STREET ADDRESS	4988 "B" ALDER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1174	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, ADA	
STREET ADDRESS	1406 FLAGLER BLVD	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MAURICE J	
STREET ADDRESS	4988 "B" ALDER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-1174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLENERGER, MARY	
STREET ADDRESS	1630 EMBASSY DR APT 306	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAFORTE BROWN, JANICE	
STREET ADDRESS	300 CAPTAINS WALK, UNIT 117	
CITY-ST-ZIP	DELRAY BCH FL	

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	
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	
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:

*Susan Rodriguez-Hall, P.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

Date

Daytime Phone #

(561) 686-4166

CR2E037 (5/00)