

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-05-2001 90029 013 ****75.00

DOCUMENT # N95000004142

1. Entity Name

HOPE BIBLE BAPTIST CHURCH INCORPORATED

Principal Place of Business

16820 N.W. 18TH AVE.
CAROL CITY FL 33056
US

Mailing Address

17021 N.W. 18TH AVE.
CAROL CITY FL 33056
US

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 **65-0779800**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, NORMA PASTOR
17021 N.W. 18TH AVENUE
CAROL CITY FL 33056

7. Name and Address of New Registered Agent

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 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARNES, CAROL 17021 NW 18 AVE CAROL CITY FL 33056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVIN, SHAQUIMA 611 N.W. 177 STREET MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCB HOLMES, WILLIE J 3140 N.W. 157 TERRACE OPA LOCKA FL 33054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAWLER-JACKSON, LBA 1299 N.W. 51th Street Miami Florida 33142	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIE HOLMES 8300 DIAMOND COVE CIRCLE ORLANDO, FL 32636	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required~~

CR2E037 (5/01)

Attachment
Doc# N95000004142



77062

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2001

HOPE BIBLE BAPTIST CHURCH INCORPORATED
17021 N.W. 18TH AVE.
CAROL CITY, FL 33056 US

Subject: **HOPE BIBLE BAPTIST CHURCH INCORPORATED**

Reference: N95000004142
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$75.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004142**

1. Entity Name

HOPE BIBLE BAPTIST CHURCH INCORPORATED.

(LA)

Attachment Doc#
N95000004142
77012

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CAROL CITY FL 33056
US

Mailing Address

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CAROL CITY FL 33056
US

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Suite, Apt. #, etc.

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City & State

Zip

Country

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Country

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CAROL CITY FL 33056

Name

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SIGNATURE

Norma Harris

Signature, typed or printed name of registered agent and fee if applicable.

(NOT: 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 DT ☒ Delete
NAME BARNES, CAROL
STREET ADDRESS 17021 NW 18 AVE
CITY-ST-ZIP CAROL CITY FL 33056TITLE DS ☐ Delete
NAME ALVIN, SHAQUIVIA
STREET ADDRESS 611 N.W. 177 STREET
CITY-ST-ZIP MIAMI FL 33169TITLE DCB ☒ Delete
NAME HOLMES, WILLIE J
STREET ADDRESS 3140 N.W. 157 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE IDA LAWLER JACKSON ☒ Change ☐ Addition
NAME
STREET ADDRESS 1299 N.W. 51 STREET
CITY-ST-ZIP MIAMI FLORIDA 33142TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE W. L. L. E HOLMES ☒ Change ☐ Addition
NAME
STREET ADDRESS 8300 DIAMOND COVE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32636TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: *X SIGNATURE RESTA...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2001

Date

Daytime Phone #

CR2E037 (10/00)