

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90163 032 ****70.00

DOCUMENT # N95000004739

1. Entity Name
HOPE OF AMERICA, INC.

Principal Place of Business 1901 NORTH 1ST STREET, #806 JACKSONVILLE BEACH FL 32250	Mailing Address 1764 SHOREVIEW DR JACKSONVILLE FL 32218
--	--

2. Principal Place of Business 4315-2 Brentwood Ave	3. Mailing Address 4315-2 Brentwood AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State JAX FL	City & State JAX FL	4. FEI Number 59-3343458	Applied For <input type="checkbox"/> Not Applicable
Zip 32206	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32206	Country		

6. Name and Address of Current Registered Agent

**JONES, MARY A DR.
 1901 NORTH 1ST STREET, #806
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Avis C. Gordon**
 Street Address (P.O. Box Number is Not Acceptable)
4315-2 Brentwood AVE
 City **JAX FL** Zip Code **32206**

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 **Avis C. Gordon** *Avis C. Gordon Pres* **4/21/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nating) 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 CD	<input checked="" type="checkbox"/> Delete
NAME JONES, MARY A DR	
STREET ADDRESS 1901 NORTH 1ST STREET, #806	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE SD	<input type="checkbox"/> Delete
NAME FREELAND, SHARON V	
STREET ADDRESS 1901 NORTH 1ST STREET, #806	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE ID	<input type="checkbox"/> Delete
NAME JACKSON, MARILYN H	
STREET ADDRESS 1901 NORTH 1ST STREET, #806	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
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 CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Avis C. Gordon	
STREET ADDRESS 4315-2 Brentwood AVE	
CITY-ST-ZIP JAX FLA 32206	
TITLE Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Freeland, Sharon V	
STREET ADDRESS 4315-2 Brentwood AVE	
CITY-ST-ZIP JAX FLA 32206	
TITLE ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, Marilyn H.	
STREET ADDRESS 4315-2 Brentwood AVE	
CITY-ST-ZIP JAX FLA 32206	
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: **MARILYN H JACKSON** *Marilyn H Jackson* **04/21/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)