

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003475

1. Entity Name

THERE IS HOPE IN JESUS OUTREACH CENTER, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90460 006 ****70.00

Principal Place of Business

Mailing Address

7607 PALM RIVER ROAD
TAMPA FL 33619

P.O. BOX 8337
TAMPA FL 33674-8337

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

59-3481127

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

GREEN, LAURA L
1722 E IDELL #A
THONOTOSASSA FL 33604

Name **GREEN LORETTA**
Street Address (P.O. Box Number is Not Acceptable)

8014 SANE PLACE

City **TAMPA**

FL

Zip Code **33610**

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 *Loretta L Green*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/00

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 ☐ Delete
NAME **BAKER, BRUCE N**
STREET ADDRESS **6209 N 22ND ST**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
NAME **BAKER, JANICE**
STREET ADDRESS **6209 N 22 ST**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
NAME **BAKER, LATIKA R**
STREET ADDRESS **6209 N 22ND ST**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
NAME **GREEN, LORETTA L**
STREET ADDRESS **1722 EAST IDELL #A**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☒ Change ☐ Addition
NAME **JS GREEN LORETTA L**
STREET ADDRESS **8014 SANE PLACE**
CITY-ST-ZIP **TAMPA, FL 33610**

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 *Loretta L Green*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/00 **621-4470**

16361/037/037/12