

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003475

1. Entity Name

THERE IS HOPE IN JESUS OUTREACH CENTER, INC.

Principal Place of Business

7607 PALM RIVER ROAD
TAMPA FL 33619

Mailing Address

P.O. BOX 8337
TAMPA FL 33674-8337

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

GREEN, LORETTA
8014 SANE PLACE
TAMPA FL 33610

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, BRUCE N	
STREET ADDRESS	6209 N 22ND ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JANICE	
STREET ADDRESS	6209 N 22 ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, LATIKA R	
STREET ADDRESS	6209 N 22ND ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	GREEN, LORETTA L	
STREET ADDRESS	8014 SANE PLACE	
CITY-ST-ZIP	TAMPA FL 33610	
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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEFFONE N COOPER	
STREET ADDRESS	7526 N 40TH ST APT B	
CITY-ST-ZIP	TAMPA FL 33604	
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:

4-30-01 643-0848

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90045 022 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)