

2002 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

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, LORETTA
8014 SANE PLACE
TAMPA FL 33610

Name: Tiffone Cooper

Street Address (P.O. Box Number is Not Acceptable)

11728 N. 58th ST #3

City

Tampa FL

FL

Zip Code

33617

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

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

TITLE ☐ Change ☒ Addition
NAME Beverly Kilpatrick
STREET ADDRESS 6209 N 22ND ST
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ 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 D ☒ 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 T ☐ Delete
NAME COOPER, TEFFONE N
STREET ADDRESS 7520 N 70TH ST APT 8
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ Change ☐ Addition
NAME Cooper, Tiffone
STREET ADDRESS 11728 N. 58th ST #3
CITY-ST-ZIP Tampa FL 33617

TITLE T ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90039 021 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)