

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001471

1. Entity Name

CHRISTIAN GENERATION CENTER OF HOPE, INC.

Principal Place of Business

1434 PRESCOTT STREET
ST PETERSBURG FL

Mailing Address

413 22ND AVENUE S.E.
ST PETERSBURG FL 33705-3303

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

NOT APPLICABLE

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

PENNINGTON, CLARICE
413 22ND AVENUE S.E.
ST PETERSBURG FL 33705

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

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 D
STREET ADDRESS PENNINGTON, BERNARD
CITY-ST-ZIP 413 22ND AVE S.E.
ST PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME AS-D
STREET ADDRESS FERGUSON, ARCHIE
CITY-ST-ZIP 3972 38TH ST SOUTH
ST PETERSBURG FL 33711

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS HOPKINS, NELSON S
CITY-ST-ZIP 2401 15TH AVE S.
ST PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS BLAND, WILLIE J
CITY-ST-ZIP 6045 14TH ST S.
ST PETERSBURG FL 33705

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

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:

Clarice Pennington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000
Date

727-823-3255
Daytime Phone #

CR2E037 (9/99)