

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90009 018 ****61.25

DOCUMENT # N97000002068

1. Entity Name

TRUE DIVINE HOPE OUTREACH CENTER, INC.

Principal Place of Business

**425 NW 29TH TERR
FORT LAUDERDALE FL 33311
US**

Mailing Address

**425 NW 29TH TERR
FORT LAUDERDALE FL 33311
US**

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

65-0741300

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

**CHARLES, PATRICIA
425 NW 29TH TERRACE
FT. LAUDERDALE FL 33311**

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 PD ☐ Delete
NAME CHARLES, PATRICIA
STREET ADDRESS 425 NE 27TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME SPENCER, PATRICIA
STREET ADDRESS 173 NW 30 TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME RICHARDSON, CHERYL
STREET ADDRESS 173 NW 30 TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CD ☐ Delete
NAME SPENCER, SELINA
STREET ADDRESS 173 NW 30 TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)