

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005277

1. Entity Name

LAST HOPE COMMUNITY COUNSELING SERVICE, INC.

R

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90003 001 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business                   | Mailing Address                               |
| 3701 SAVOY LN. #D<br>WEST PALM BEACH FL 33417 | 3701 SAVOY LN. #D<br>WEST PALM BEACH FL 33417 |

|                                |                    |
|--------------------------------|--------------------|
| 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 | 65-0748427 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, DEIDRA  
3701 SAVOY LN, #D  
WEST PALM BEACH FL 33417

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| FILE NOW: FEE IS \$61.25<br>After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|--|---|

| 10. OFFICERS AND DIRECTORS |                          |
|----------------------------|--------------------------|
| TITLE                      | PD                       |
| NAME                       | KING, DEIDRA             |
| STREET ADDRESS             | 3701 SAVOY LN, #D        |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33417 |
| TITLE                      | SD                       |
| NAME                       | PAYNE, LISA              |
| STREET ADDRESS             | 2250 GUN CLUB RD         |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33415 |
| TITLE                      | TD                       |
| NAME                       | BULLARD, LIZZIE          |
| STREET ADDRESS             | 3960 NW 120TH WY         |
| CITY-ST-ZIP                | SUNRISE FL 33412         |
| TITLE                      | D                        |
| NAME                       | KNOWLES, CHERYL          |
| STREET ADDRESS             | 440 W 37TH ST            |
| CITY-ST-ZIP                | RIVIERA BEACH FL 33404   |
| TITLE                      | D                        |
| NAME                       | JOHNSON, ANNA            |
| STREET ADDRESS             | 3658 ALDER DR, #G-2      |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33417 |
| TITLE                      | D                        |
| NAME                       | PERCE, ELAINE            |
| STREET ADDRESS             | SANDCASTLE RD            |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33445   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| 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   |   |
| 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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 561-687-0245  
Date Daytime Phone #

CR2E037 (5/00)