

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006864

1. Entity Name

HOPE ORTHODOX PRESBYTERIAN CHURCH, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90023 004 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1613 13TH STREET ST. CLOUD FL 34769	POST OFFICE BOX 701344 ST. CLOUD FL 34770-1344

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3470793	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHONG, STEPHAN C. L.  
605 E. ROBINSON STREET  
SUITE 510  
ORLANDO FL 32801

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 \$61.25

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	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DEN DULK, CALVIN G
STREET ADDRESS	1190 DEAN STREET
CITY-ST-ZIP	ST. CLOUD FL 34771
TITLE	D <input type="checkbox"/> Delete
NAME	REYNOLDS, JOHN
STREET ADDRESS	522 CALIFORNIA DRIVE
CITY-ST-ZIP	ST. CLOUD FL 34769
TITLE	D <input type="checkbox"/> Delete
NAME	HEARN, JOHN E
STREET ADDRESS	810 WEST HARBOUR COURT
CITY-ST-ZIP	ORLANDO FL 34761
TITLE	D <input type="checkbox"/> Delete
NAME	JUSTICE, WILLIAM M JR.
STREET ADDRESS	2404 SHORT LEAF COURT
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PRUIM, RONALD J
STREET ADDRESS	8212 VILLAGE GREEN ROAD
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN
STREET ADDRESS	2431 KING OAK LANE
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, CLIFF JR.
STREET ADDRESS	13400 HERON COVE
CITY-ST-ZIP	ORLANDO, FL 32837
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:

*John Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 24, 2000 (407) 892-9481

CR2E037 (9/99)