

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90118 005 ****61.25

DOCUMENT # N97000006864

1. Entity Name

HOPE ORTHODOX PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**1613 13TH STREET
ST. CLOUD FL 34769**

Mailing Address

**POST OFFICE BOX 701344
ST. CLOUD FL 34770**

2. Principal Place of Business

3. Mailing Address

2521 13TH STREET

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

City & State

ST CLOUD FL

City & State

Zip

34769

Country

USA

Zip

Country

4. FEI Number **59-3470793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MOORE, JOHN**
STREET ADDRESS **2431 KING OAK LANE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

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

TITLE **D** ☒ Delete
NAME **REYNOLDS, JOHN**
STREET ADDRESS **522 CALIFORNIA DRIVE**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **PENCE, JIM** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1602 W. GATE DR #10**
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **D** ☒ Delete
NAME **HEARN, JOHN E**
STREET ADDRESS **810 WEST HARBOUR COURT**
CITY-ST-ZIP **ORLANDO FL 34761**

TITLE **ROLLIN, CONDON** ☒ Change ☐ Addition
NAME
STREET ADDRESS **125 MASSACHUSETTS AVE**
CITY-ST-ZIP **ST CLOUD, FL 34769**

TITLE **D** ☒ Delete
NAME **JUSTICE, WILLIAM M JR.**
STREET ADDRESS **2404 SHORT LEAF COURT**
CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE **D** ☐ Delete
NAME **DICKINSON, CLIFF J**
STREET ADDRESS **13400 HERON COVE**
CITY-ST-ZIP **ORLANDO FL 32837**

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: **JOHN MOORE**

3/10/03

407-892-9481

CR2E037 (10/02)