

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000000090****1. Entity Name**
A MESSAGE OF HOPE MINISTRIES, INC.**Principal Place of Business**
1180 S MAIN ST
BROOKSVILLE FL 34601
Mailing Address
1180 S MAIN ST
BROOKSVILLE FL 34601**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State**Zip**
Country
Zip
Country**4. FEI Number**
59-3483867
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVANLOW RALPH
11072 SPRING HILL DR
SPRING HILL FL 34609
US**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** **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 type="checkbox"/> Delete
NAME	FERGUSON SMITH JANICE
STREET ADDRESS	9474 LOREDALE CIR
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS-OLIVER MARY L
STREET ADDRESS	1180 S MAIN ST
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	OLIVER DANIEL L
STREET ADDRESS	1180 S MAIN ST
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON MARGARET
STREET ADDRESS	2503 WALDERMAN LANE
CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary Thomas Oliver **D** **04/09/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)