

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90032 037 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000000332

1. Entity Name

HOPE MINISTRY OUTREACH INC.

Principal Place of Business

Mailing Address

711 S. 3RD. ST.
 #14
 JACKSONVILLE FL 32250

711 S. 3RD. ST.
 #14
 JACKSONVILLE FL 32250-2666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Hope Ministry Outreach, Inc.
 1600 Shetter Ave., Apt. 302
 Jacksonville Beach, FL 32250

City & State

4. FEI Number

59-3486546

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

HUGHES, LAURA
 1600 SHETTER AVE., APT. 302
 JACKSONVILLE FL 32250

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

Laura Hughes

Laura Hughes

2-8-2000

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD HUGHES, WILSON L
 1600 SHETTER AVE., APT. 302
 JACKSONVILLE FL 32250

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD STRITCH, GREGORY S
 574 CARINE LANE
 JACKSONVILLE FL 32225

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD STRITCH, MARY D
 574 CARINE LANE
 JACKSONVILLE FL 32225

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD HUGHES, LAURA V
 1600 SHETTER AVE., APT. 302
 JACKSONVILLE FL 32250

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D LEE, ROGER B
 422 16TH AVE. N.
 JACKSONVILLE FL 32250

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D LEE, CAROL M
 422 16TH AVE. N.
 JACKSONVILLE FL 32250

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:

Laura Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-2000 1-904-249-0946

CR2E037 (9/99)