

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90211 035 ****61.25

DOCUMENT # N98000001504

1. Entity Name

BRIDGES OF HOPE, INC.

Principal Place of Business

Mailing Address

945 W. KELLER
 HERNANDO FL 34442

945 W. KELLER
 HERNANDO FL 34442-8812

2. Principal Place of Business

945 West Keller St

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando, FL

City & State

4. FEI Number

59-3503071

Applied For

Not Applicable

Zip

34442

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

VELDWJK, CLARENA
 945 W. KELLER ST.
 HERNANDO FL 34442

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME MORENO, MARIA C
 STREET ADDRESS 945 W KELLER ST
 CITY-ST-ZIP HERNANDO FL 34442

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VELDWJK, ROBERTUS
 STREET ADDRESS 945 W. KELLER
 CITY-ST-ZIP HERNANDO FL 34442

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME KYLE, MARIANNE
 STREET ADDRESS 945 WEST KELLER ST
 CITY-ST-ZIP HERNANDO FL 34442

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME MORE, EUGENIA
 STREET ADDRESS 945 WEST KELLER ST
 CITY-ST-ZIP HERNANDO FL 34442

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME Diana Castellanos
 STREET ADDRESS 8889 Fort Jefferson Blvd
 CITY-ST-ZIP Orlando FL 32822

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME secretary
 STREET ADDRESS Mary Salino
 CITY-ST-ZIP P.O. Box 183
 Floral City, FL 34436

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 (352) 746-2928

Date

Daytime Phone #

CR2E037 (9/99)