

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90144 009 \*\*\*\*70.00

**DOCUMENT # N98000002937**

1. Entity Name  
**HOPE BIBLE CHAPEL INC.**

Principal Place of Business <b>1444 NW 15TH AVENUE          FORT LAUDERDALE FL 33311</b>	Mailing Address <b>PO BOX 100797          FORT LAUDERDALE FL 33310-0797          US</b>
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00009046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6501 NW Sunrise Blvd</b> Suite, Apt. #, etc. <b>SORBF</b> <b>c/o Jewish Community Center</b> City & State <b>Sunrise Florida</b>	3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.  City & State  Zip <b>33313</b> Country <b>USA</b>
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4. FEI Number <b>65-0849730</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MORRIS, NOEL NEVILLE**  
**1444 NW 15TH AVENUE**  
**FORT LAUDERDALE FL 33311**

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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MORRIS, NOEL NEVILLE</b> <b>1444 NW 15TH AVENUE</b> <b>FORT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MORRIS, RUBY</b> <b>1444 NW 15TH AVENUE</b> <b>FORT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SPIVEY, MYRUE</b> <b>1444 NW 15TH AVENUE</b> <b>FORT LAUDERDALE FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **NOEL N. MORRIS Dir. 4-10-00 954-960-2708**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)