

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002937

1. Entity Name

HOPE BIBLE CHAPEL INC.

Principal Place of Business

6501 NW SUNRISE BLVD
C/O JEWISH COMMUNITY CENTER
SUNRISE FL 33313
US

Mailing Address

PO BOX 100797
FORT LAUDERDALE FL 33310-0797
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORRIS, NOEL NEVILLE
1444 NW 15TH AVENUE
FORT LAUDERDALE FL 33311

4. FEI Number

65-0849730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

TITLE D ☐ Delete
NAME MORRIS, NOEL NEVILLE
STREET ADDRESS 1444 NW 15TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ Delete
NAME MORRIS, RUBY
STREET ADDRESS 1444 NW 15TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ Delete
NAME SPIVEY, MYRUE
STREET ADDRESS 1444 NW 15TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Noel N. Morris

NOEL. N. MORRIS

4-20-01 954-739-6346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90104 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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