

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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



04172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0849730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) _____ DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

UG00000125660
04/23/04-80001-019 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 Director 4-17-04 954-609-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #