

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003464

1. Entity Name
**HOPE OF THE WORLD CHRISTIAN CENTER
MINISTRIES, INC.**



Principal Place of Business
**7763 RAMONA STREET
MIRAMAR, FL 33025**

Mailing Address
**7763 RAMONA STREET
MIRAMAR, FL 33025**

03 SEP 12 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912828

Applied For

Not Applicable

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

**FOTHERGILL, JERMETH A
7763 RAMONA STREET
MIRAMAR, FL 33025**

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

SIGNATURE

JERMETH A. FOTHERGILL

J. P. Fothergill

09/11/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when appointing)

DATE

FILE NOW FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FOTHERGILL, JERMETH A**
STREET ADDRESS **7763 RAMONA STREET**
CITY-STATE-ZIP **MIRAMAR, FL 33025**

TITLE **D** ☐ Delete
NAME **TYSON, PEARL R**
STREET ADDRESS **13290 N.W. 6TH PLACE**
CITY-STATE-ZIP **PLANTATION, FL 33325**

TITLE **TRU** ☐ Delete
NAME **RANSOM, DURHELL**
STREET ADDRESS **20615 NW 28TH AVE**
CITY-STATE-ZIP **OPALOKA, FL 33066**

TITLE **TRE** ☐ Delete
NAME **CROSBY-WILLIAMS, GEMMA**
STREET ADDRESS **3164 NW 196TH ST**
CITY-STATE-ZIP **OPALOCKA, FL 33066**

TITLE **S** ☐ Delete
NAME **ARCHER, HILDA C**
STREET ADDRESS **2270 NW 64TH ST**
CITY-STATE-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
400023049434
09/15/03--01052--003 **70.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

J. P. Fothergill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/03

DATE

954-962-0029

DAYTIME PHONE #

CR2E037 (10/02)