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

DOCUMENT # N98000003464

HOPE OF THE WORLD CHRISTIAN CENTER MINISTRIES, INC.							03 SEP 12 PM 5: 36				
Principal Place of Business Mailing Address 7763 RAMONA STREET 7763 RANONA STREET MIRAMAR, FL 33025 MIRAMAR, FL 33025						A	SECRETAI FALLAHASS	RY OF STATE SEE, FLORID	Δ		
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number	4. FEI Number 65-0912828			Applied For Not Applicable	
Zip	Zip Country		Zip	p Cou		5. Certificate of	5. Certificate of Status Desired S8.75 Addition Fee Required				
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	gistered Agent			
					Name					٦	
FOTHERGILL, JERMETH A 7763 RAMONA STREET MIRAMAR, FL 33026					Street Address (P.O. Box Number is Not Acceptable)						
				}	City			p− ∎ Zip (ode	-	
								FL ZIP		_ [
	named entity s tions of register		r the purpose of changing its	registered	d office or regi	stered agent, or both	, In the State of Flori	da. I am familiar w	ith, and accept		
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			end title if application. (NOTE	npaign Fir		\$5.00 May Ba	Mal	oate e Check Payat a Gepartment o			
		vinted name of registered agent. FEE IS \$61.25 nended UBR	9. Election Carr Trust Fund C	npaign Fir contributio	nancing	Added to Fees	Maio Florida	e Check Payer Separtment of	f State ::		
10.	FILE NOW Initial or An	vinted name of registered agent.	9. Election Carr Trust Fund C	npaign Fir	nancing	Added to Fees	Mal	onte e. Check: Payab e. Departmentic s AND DIRECTOR	f State in a		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 arraddress, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAMÉ

STREET ADDRESS

CITY-57-2P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR