2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003577

1. Entity Name
TOUCH OF HOPE WORSHIP CENTER, INC.

FILED
01 SEP 24 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-01 UBR

Principal Place of Business	Mailing Address
6311 NW 2 St MARGATE, FL 33063	273 South SR 7 #277 Margate, FL 33068

2. Principal Place of Business	3. Mailing Address
6311 NW 2nd St	273 South SR 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. #277
City & State MARGATE FL	City & State Margate, FL
Zip / Country 33063 / USA	Zip / Country 33068 / USA

4. FEI Number 65-0769388 ☐ 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
Bishop Dr. John Foster-Grant 273 South SR 7, #277 Margate, FL 33068	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Bishop Dr. John Foster-Grant 273 South SR 7 #277 Margate, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President / Director Bishop Dr. Pauline Foster-Grant 273 South SR 7 #277 Margate, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004614505--3 -09/27/01--01094--009 ****183.75 ****[illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy / Treasurer / Director Evang. Marcia Griffin 273 South SR 7 #277 Margate, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: [signature] Bishop Dr. P. Foster-Grant 9/20/01 954-978-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #