

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N98000003936**

1. Entity Name  
**ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYER** *P*

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 SEP 25 AM 9:29

Principal Place of Business      Mailing Address  
 2424 BROADWAY      P.O. BOX 2133  
 FORT MYERS FL 33901      FORT MYERS FL 33902



DO NOT WRITE IN THIS SPACE

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 **65-0487409**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEMAN, IRENE C**  
**6-EAST CLERMONT COURT**  
**FORT MYERS FL 33916**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN	
STREET ADDRESS	1514 LIVE OAK DR	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLEMAN, IRENE C	
STREET ADDRESS	P.O. BOX 2043 (6 E-CLERMONT-CT)	
CITY-ST-ZIP	FT MYERS FL 33902	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARMON, ISAAC	
STREET ADDRESS	2635 LEMAN ST.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLUMMER, GEORGE	
STREET ADDRESS	2240 BARDEN ST.	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROCKETT, THURMAN	
STREET ADDRESS	1682 HEIMAN ST.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, MOSES SR	
STREET ADDRESS	2955 POWELL ST.	
CITY-ST-ZIP	FORT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100003417861</b>
CITY-ST-ZIP	<b>-10/09/00--01005--010</b>
TITLE	<b>****70.08</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Irene C. Coleman* **IRENE C. Coleman** **7/31/00** **(941) 369-5264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2507 (5/00)