

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90167 049 \*\*\*\*61.25

**DOCUMENT # N98000003936**

1. Entity Name

**ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYER  
 S, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**2424 BROADWAY  
 FORT MYERS FL 33901**

**P.O. BOX 2133  
 FORT MYERS FL 33902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0487409**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**MITCHELL, JOHN**

Street Address (P.O. Box Number is Not Acceptable)

**1514 LIVE OAK DR.**

City

**FORT MYERS**

FL

Zip Code

**33916**

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)*  
**JOHN MITCHELL**

**8-04-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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	

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	
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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 *(Signature)* **JOHN MITCHELL, President**

**8-4-02**

**(239)  
 3346062**

CRE037 (4/02)