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

DOCUMENT # N9800003936

1. Entity Name

ZION HOPE MISSIONARY BAPTIST CHURCH OF FORT MYER



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90142 016 ****61.25

s, flori	IDA, INC.					TO WE THE	7				
Principal Place of Business Ma			Maili	ing Address		· · · · · · · · · · · · · · · · · · ·					
				P.O. BOX 2133 Fort Myers FL 33902				J			
			.,					EL MENN DENN EKKIN EKKIN BEND ELIM ER			
2. Principal Place of Business 3. M				Mailing Address							
Suite, Apt	t. #, etc.		s	uite, Apt. #, etc.	,			HECK HERE IF MAKING	CHANGES	;	
City & State			10	City & State			4. FEI Number 65	4. FEI Number 65-0487409 Applied For			
Zip Country 6. Name and Address of Current Re			Z			untry			N \$8.75 Ad	ot Applicable	
			District				Certificate of Status Desired				
	o. Maine	and Address of Current	negister	ed Agent		Name	7. Name and Addr	ess of New Registered A	gent	<u></u>	
MITCHELL, JOHN						Street Address	s (P.O. Box Number is N	ot Acceptable)			
	/e oak dr Iyers fl 339	110				- Silver / Iddies	O (1.0. Box Number 1514	ot Acceptable)			
FURIM	IIENO FL 338	110									
						City		FL	Zip Cod		
The above the obligation	e named entity ations of registe	submits this statement for	or the purp	pose of changing its	register	ed office or regist	tered agent, or both, in ti	ne State of Florida. I am fa	amiliar with,	and accept	
	7 1				0	. 11 4	10 -				
SIGNATURE		or printed name of registered agent	<u> </u>	`	Registere	ad Agent signature requi	deviced when reinstating)	DATE			
., - ,											
	FILE NOW:	FEE IS \$61.25		9. Election Can			\$5.00 мау Ве	Make Check			
				Trust Fund C	ontributi	ion. \square	Added to Fees	Florida Depart	ment of	State	
10.		OFFICERS AND DI	RECTORS	3	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	I 10	
TITLE	PD	10111		☐ Delete	TITLE	E			Change	Addition	
NAME STREET ADDRESS	MITCHELL,				NAM						
CITY-ST-ZIP	5 1514 LIVE OAK DR FORT MYERS FL 33916					EET ADDRESS -ST-ZIP					
TITLE	TD			□ Delete	TITLE				☐ Change	☐ Addition	
NAME	HARMON, I			Dorate	NAM				Onlange	□ Addition	
STREET ADDRESS	2635 LEMA				STRE	EET ADDRESS					
CITY-ST-ZIP	FT-MYERS	FL-33916			CITY	-ST-ZIP> ->	حي دريوديد ميچه العيمي	The same same same same same same same sam	1 =		
TITLE	1			☐ Defete	TITLE				Change	Addition	
NAME STREET ADDRESS	PLUMMER, 2240 BARD				NAM	E ET ADDRESS					
CITY-ST-ZIP		RS FL 33916				-ST-ZIP					
TITLE	T			☐ Delete	TITLE			 	☐ Change	☐ Addition	
NAME	CROCKETT	, Thurman			NAME					☐ Addition	
STREET ADDRESS	1682 HEIM/				STRE	ET ADDRESS					
CITY-ST-ZIP	FORT MYE	RS FL 33905			CITY-	-ST-ZIP					
TITLE	IVONCOM [MOSES SO		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	JACKSON, 2955 POWE				NAME	ľ					
CITY-ST-ZIP		RS FL 33901				ET ADDRESS -ST-ZIP					
TITLE	, Old MILE	10 1 1 00001		Delete .	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME					NAME				51101195		
STREET ADDRESS					STREE	ET ADDRESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
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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.

GNATURE:

3-10-03

SIGNATURE: Delia H