

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005971

1. Entity Name

HOPE COMMUNITY EVANGELICAL CHURCH OF ST. CLOUD.

Principal Place of Business

Mailing Address

1014 MASSACHUSETTS AVENUE  
ST. CLOUD FL 34771

3220 ANTHONY DR.  
ST. CLOUD FL 34771-7772

2. Principal Place of Business

3. Mailing Address

2924 CIALELLA PASS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. CLOUD, FL.

4. FEI Number

59-3565221  
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

34772

OSCEOLA

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

PERKINS, ROBERT W  
3220 ANTHONY DR.  
ST. CLOUD FL 34771

Name

ROBERT W. PERKINS

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

2924 CIALELLA PASS

City

ST. CLOUD

FL

Zip Code

34772

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

ROBERT W. PERKINS

Robert W. Perkins

3-24-00

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	T	<input checked="" type="checkbox"/> Delete
NAME	SOENTGEN, PAT	
STREET ADDRESS	221 GEORGIA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	FRICCHIONE, WILMA	
STREET ADDRESS	1309 WOODLAKE	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	S	<input type="checkbox"/> Delete
NAME	MINTON, BETTY	
STREET ADDRESS	1420 SUGARBERRY LANE	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEAN, ROGER	
STREET ADDRESS	1206 MINNESOTA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DICK	
STREET ADDRESS	5595 IRLO BRONSON HIGHWAY #50	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLO SALLEY	
STREET ADDRESS	8714 W. CARROLL	
CITY-ST-ZIP	KISSIMEE, FL. 34744	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA LONG	
STREET ADDRESS	1307 16TH ST.	
CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROI SMITH	
STREET ADDRESS	5595 IRLO BRONSON HWY. #9	
CITY-ST-ZIP	ST. CLOUD, FL. 34771	
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 REQUIRED

3-24-00

407-957-0434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE