

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90030 041 ****61.25

DOCUMENT # N98000005971

1. Entity Name

HOPE COMMUNITY EVANGELICAL CHURCH OF ST. CLOUD,

Principal Place of Business

**1014 MASSACHUSETTS AVENUE
 ST. CLOUD FL 34771**

Mailing Address

**2924 CIALELLA PASS
 SAINT CLOUD FL 34772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3565221

Applied For

Not Applicable

Zip

Country

Zip

Country

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
 2924 CIALELLA PASS
 SAINT CLOUD FL 34772**

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

T
SALLEY, FLO
~~1714 W CARROLL~~ **1740 W. CARROLL APT 23**
KISSIMEE FL 34747 34741

☐ Delete

☐ Change ☐ Addition

C
LONG, BARBARA
1307 16TH STREET
SAINT CLOUD FL 34769

☐ Delete

☐ Change ☐ Addition

S
MINTON, BETTY
1420 SUGARBERRY LANE
ST. CLOUD FL 34772

☐ Delete

☐ Change ☐ Addition

D
BEAN, ROGER
1206 MINNESOTA AVENUE
ST. CLOUD FL 34769

☐ Delete

☐ Change ☐ Addition

D
SMITH, LEROY
5595 IRLO BRONSON HWY 9
SAINT CLOUD FL 34771

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

407-892-4171

Daytime Phone #

CR2E037 (10/00)