

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 9900000 1246*

1. Entity Name
Repair of the Breach City of Hope Ministries, Inc.

Principal Place of Business: *3520 Lenox Ave
JACKSONVILLE FL
32254*

2. Principal Place of Business: *7819 Austin Rd*

Suite, Apt. #, etc. *JACKSONVILLE FL*

City & State *JACKSONVILLE FL*

Zip *32244* Country *FLORIDA*

6. Name and Address of Current Registered Agent
*LINDA LATHERS
7819 AUSTIN RD
JACKSONVILLE FL 32244*

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 *Linda Lathers* *Linda Lathers*

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PD* NAME *Linda Lathers* ☐ Delete
STREET ADDRESS *7819 Austin Rd*
CITY-ST-ZIP *JAX FL 32244*

TITLE *VPO* NAME *Lucius Thompson* ☐ Delete
STREET ADDRESS *7819 Austin Rd*
CITY-ST-ZIP *JAX FL 32244*

TITLE *SD* NAME *Lawson Ernestine* ☐ Delete
STREET ADDRESS *7880 LANCIA*
CITY-ST-ZIP *JAX FL 32244*

TITLE *T* NAME *John Lawson* ☐ Delete
STREET ADDRESS *7880 LANCIA*
CITY-ST-ZIP *JAX FL 32244*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *600004036256--2*
CITY-ST-ZIP *-04/20/01--01100--020*
*****140.00 *****70.00*

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 no 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: *Linda Lathers* *Linda Lathers* *4-20-2001* *904 778-2191*

APPROVED AND FILED
01 APR 20 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEL Number *39-3401039* Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City *FL* Zip Code

CR2E037 (11/00)