

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002316

1. Entity Name

HOPE FOR LIFE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90428 015 ****61.25

Principal Place of Business

Mailing Address

103 WEST NEBRASKA STREET
BONIFAY FL 32425

103 WEST NEBRASKA STREET
BONIFAY FL 32425-2132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3580776

Applied For

Not Applicable

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

WILFORD, ROBERT W
103 WEST NEBRASKA STREET
BONIFAY FL 32425

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

TITLE PD ☐ Delete
NAME WILFORD, ROBERT W
STREET ADDRESS 91 HIDDEN LAKES TRAIL
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME WYNNE, CATHERINE
STREET ADDRESS RT. 2 BOX 187
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE ☐ Change ☐ Addition
NAME ... 1587
STREET ADDRESS 1587 Reddick Mill Road
CITY-ST-ZIP ...

TITLE VPD ☐ Delete
NAME MALONE, JACKIE
STREET ADDRESS 1082 WHITE AVENUE
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HALLEY, GENE
STREET ADDRESS 1567 MAIN STREET
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LEE, RHONDA
STREET ADDRESS 953 HIGHWAY 71
CITY-ST-ZIP MARIANNA FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME JORDAN, MARGARET
STREET ADDRESS 4972 CAMELLIA DRIVE
CITY-ST-ZIP MARIANNA FL 32446

TITLE ☐ Change ☐ 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:

Robert W. Wilford 4-24-00 (850) 547-3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)