

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90035 045 ****61.25

DOCUMENT # N99000002914

1. Entity Name

RAY OF HOPE MINISTRIES, INC.

Principal Place of Business

Mailing Address

2332 CURTIS DRIVE
 DELTONA FL 32728

2332 CURTIS DRIVE
 DELTONA FL 32738-7762

1776 Doyle Road

P.O. Box 5598
 Deltona FL 32728

2. Principal Place of Business

2332 CURTIS DR

3. Mailing Address

2332 CURTIS DR

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

#2

City & State

DELTONA FLORIDA

City & State

DELTONA, FLORIDA

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32738

Country

Volusia

Zip

32738

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLEWELLYN, RICHARD D
 2332 CURTIS DRIVE
 DELTONA FL 32728

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

04-27-00

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 **D** ☐ Delete
 NAME **CORBY, ZELMA**
 STREET ADDRESS **2020 DEARING AVENUE**
 CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE **D** ☐ Delete
 NAME **WELLINGTON, URIEL**
 STREET ADDRESS **7237 PLANTAIN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE **D** ☐ Delete
 NAME **WELLINGTON, SELENA**
 STREET ADDRESS **7237 PLANTAIN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE **D** ☐ Delete
 NAME **LLEWELLYN, VERONA**
 STREET ADDRESS **2332 CURTIS DRIVE**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE **T/S** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LLEWELLYN, RICHARD**
 STREET ADDRESS **2332 CURTIS DRIVE**
 CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE **D** ☒ Delete
 NAME **WASHINGTON, CARLENE**
 STREET ADDRESS **2332 CURTIS DRIVE**
 CITY-ST-ZIP **DELTONA FL 32738**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LLEWELLYN, RICHARD D 04-27-00 - 407 574 5733

CR2E037 (9/93)