## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900003680 Jul 05, 2000 8:00 am 1. Entity Name **Secretary of State** Fray of hope outreach ministries, Inc. 05-30-2000 90080 026 \*\*\*\*70.00 Principal Place of Business Mailing Address 1035 S.W. 49TH TERR. P.O. BOX 938745 MARGATE FL 330EB MARGATE FL 33093-8745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEMONTAGNAC, MERANDA 1035 S.W. 49TH TERR. MARGATE FL 33068 Zip Code City 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 Make Check Payable to : . . 9. Election Campaign Financing FILE NOW: \$5.00 May Be .....Trust Fund Contribution: Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. cui Person, Board of Directive Change Addition ☐ Delete TITLE TITLE <u></u> DEMONTAGNAC, MERANDA 🗀 NAME . NAME 2610 MW 162 St. Fb. Lauderdale, FL CR2E037 1035 S.W. 49TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33068 Addition ☐ Change Treasurer ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ற்ற சி Delete Marve Hostins NAME NAME 3520, NW EOK OLL STREET ADDRESS STREET ADDI CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS · CITY-ST-ZIP · CITY-ST-ZIP

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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: