

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91278 048 \*\*\*\*\*70.00

**DOCUMENT # N99000003809**

1. Entity Name

**MISSION OF HOPE MINISTRY, INC.**

Principal Place of Business

**320 W. CARVER STREET  
 LAKELAND FL 33805**

Mailing Address

**320 W. CARVER STREET  
 LAKELAND FL 33805**

2. Principal Place of Business

**320 W. CARVER ST LKID**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3580080**

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

**BARNUM, ROOSEVELT JR  
 604 E. GARDEN ST. #4  
 LAKELAND FL 33805**

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 **D** ☐ Delete  
 NAME **LEWIS, MACK**  
 STREET ADDRESS **2026 SOMERVILLE DR.**  
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **D** ☐ Delete  
 NAME **THOMPSON, SHAREESE**  
 STREET ADDRESS **2026 SOMERVILLE DR.**  
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **D** ☐ Delete  
 NAME **HENRY, SUSIE MAE**  
 STREET ADDRESS **1121 MARTIN LUTHER KING AVE #49**  
 CITY-ST-ZIP **LAKELAND FL 33805**

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

TITLE **P** ☐ Delete  
 NAME **BARNUM, ROOSEVELT JR**  
 STREET ADDRESS **604 E. GARDEN ST. #4**  
 CITY-ST-ZIP **LAKELAND FL 33805-4647**

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

TITLE **VP** ☐ Delete  
 NAME **BARNUM, EVIT**  
 STREET ADDRESS **604 E. GARDEN ST #4**  
 CITY-ST-ZIP **LAKELAND FL 33805-4647**

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

TITLE **S** ☐ Delete  
 NAME **GONZALEZ, ANJANNETTE**  
 STREET ADDRESS **12-806 CEDAR FOREST DR #302**  
 CITY-ST-ZIP **TAMPA FL 33625**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/01 (863)  
 682-1916**

CR2E037 (10/00)