

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/22/2003-90046-023-\$70.00-\$70.00

DOCUMENT # N 99000003809

1. Entity Name

Mission of Hope Ministry Inc



FILED

03 MAY 13 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3520 Cleveland Hts Blvd

Suite, Apt. #, etc.

#140

City & State

Lakeland FL

Zip

33803

Country

USA

3. Mailing Address

SAMC

Suite, Apt. #, etc.

SAMC

City & State

SAMC

Zip

Country

4. FEI Number

59-3580080

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Roosevelt Barnum Jr.

Street Address (P.O. Box Number is Not Acceptable)

3520 Cleveland Hts Blvd #140

City  
Lakeland

FL

Zip Code  
33803

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ROOSEVELT BARNUM JR.
STREET ADDRESS	3520 CLEVELAND HTS BLVD #140
CITY- ST- ZIP	LAKELAND, FL. 33803
TITLE	VICE PRESIDENT
NAME	ROOSEVELT BARNUM
STREET ADDRESS	3520 CLEVELAND HTS BLVD #140
CITY- ST- ZIP	LAKELAND FLA 33803
TITLE	MAC LEWIS - VICE CHAIRMAN
NAME	MAC LEWIS
STREET ADDRESS	8026 SOMERVILLE DR
CITY- ST- ZIP	LAKELAND, FLA 33801
TITLE	VICE CHAIRMAN
NAME	SHARRESE LEWIS
STREET ADDRESS	8026 SOMERVILLE DR
CITY- ST- ZIP	LAKELAND, FLA 33801
TITLE	DIRECTOR
NAME	SUSIE MAE HENRY
STREET ADDRESS	1121 MARTIN LUTHER KING BLVD #49
CITY- ST- ZIP	LAKELAND, FLA 33805
TITLE	TREASURER
NAME	ALAN FOWLER
STREET ADDRESS	12-806 CEDAR FOREST DR #302
CITY- ST- ZIP	TAMPA FLA 33625

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

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Roosevelt Barnum Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roosevelt Barnum Jr.*

Date

4/16/03 (853) 648-9707

Daytime Phone #

CR2E037B (12/02)