

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 032 ****61.25

DOCUMENT # N99000005447

1. Entity Name

HOPE IN CHRIST MINISTRIES, INC.

R

Principal Place of Business

5854 NORWOOD AVENUE
JACKSONVILLE FL 32208

Mailing Address

5854 NORWOOD AVENUE
JACKSONVILLE FL 32208

2. Principal Place of Business

4832-A N. Main St

3. Mailing Address

P.O. box 9773

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

JAX, FLA.

City & State

JAX FL.

4. FEI Number

59-3597756

Applied For

Not Applicable

Zip

Country

32206

USA

Zip

Country

32208

DUV21

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARLES, GIDEON
5854 NORWOOD AVENUE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

GIDEON CHARLES

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

7207 Fernandina Ave

City

Jax.

FL

Zip Code

32208

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

GIDEON CHARLES

President

8-1-00

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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, GIDEON	
STREET ADDRESS	7202 FERNANDINA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, SYLMA	
STREET ADDRESS	7202 FERNANDINA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, RUTH	
STREET ADDRESS	8375 BASCOM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL	
STREET ADDRESS	210 DEVOE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, LERLY	
STREET ADDRESS	6320 BURGUNDY RD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHAI, NATHAN	
STREET ADDRESS	7932 SOUTHSIDE BLVD. #2002	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia West	
STREET ADDRESS	6835 King Auther Rd. N.	
CITY-ST-ZIP	Jax FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GIDEON CHARLES

8-1-00

(904) 4751222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)