

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005477**

1. Entity Name

**HOPE CHURCH, CUMBERLAND PRESBYTERIAN, INC.**

Principal Place of Business

**826 S. MILLER RD.  
VALRICO FL 33594**

Mailing Address

**826 S. MILLER RD.  
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3597208**

Applied For

Not Applicable

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

**MOODY, RANDY D  
4116 AMBER RIDGE LANE  
VALRICO FL 33594**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOODY, RANDY D</b>	
STREET ADDRESS	<b>4116 AMBER RIDGE LANE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIGORI, JOE</b>	
STREET ADDRESS	<b>1305 BROOKER RD</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLT, ROBERT</b>	
STREET ADDRESS	<b>3047 AVALON TERRACE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEENER, JOHN</b>	
STREET ADDRESS	<b>2504 LAURELWOOD LANE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ASMUS, HENRY</b>	
STREET ADDRESS	<b>2818 COMMONWEALTH AVE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, RUTH</b>	
STREET ADDRESS	<b>1303 BROOKER RD</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sue Almand Rice</b>	
STREET ADDRESS	<b>1301 Brooker Road</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lisa Brook</b>	
STREET ADDRESS	<b>924 Hillrise</b>	
CITY-ST-ZIP	<b>Brandon, FL 33510</b>	

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		
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: Randy D Moody**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002 813-684-4689**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)