

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90177 050 ****61.25

DOCUMENT # 729206

1. Entity Name

NEW HOPE FELLOWSHIP A CHURCH OF THE NAZARENE, IN C.

Principal Place of Business

**3900 SW 48TH AVENUE
 PALM CITY FL 34990
 US**

Mailing Address

**3900 SW 48TH AVENUE
 PALM CITY FL 34990
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1573575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACKEY, WILL E
 8012 SE WOODLAND RD
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name

Klein, RICHARD

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

2779 SW OLDS PLACE

STUART

City

FL

Zip Code

34990

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

TITLE **DS** ☐ Delete
 NAME **ACRE, STEVE**
 STREET ADDRESS **7930 SE CROSSRIP STREET**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **T** ☐ Delete
 NAME **TERAMO, JORGE**
 STREET ADDRESS **161 S.W. WEST VIRGINIA DRIVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **PCD** ☒ Delete
 NAME **MACKEY, WILL E**
 STREET ADDRESS **2477 RENICK AVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **T** ☐ Delete
 NAME **BEIRNES, MALCOLM**
 STREET ADDRESS **8845 SE BAHAMA CIR**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **SD** ☐ Delete
 NAME **ENGBRETSSEN, SHAWN**
 STREET ADDRESS **2126 NW FORK RD.**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
 NAME **REIFF, DUANE**
 STREET ADDRESS **9318 SE SHARON STREET**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **CARTER EDGAR**
 STREET ADDRESS **5001 SE SUNSHINE FARM WAY**
 CITY-ST-ZIP **PALM CITY, FL 34990**

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

TITLE ☐ Change ☐ Addition
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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:

Jorge B. Teramo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02
 Date

Daytime Phone #

CR2E037 (9/01)