2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
04-21-2003 90483 022 ****70.00

DOCUMENT # 729206

55039885

1. Entity Name
NEW HOPE FELLOWSHIP A CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
3900 SW 48TH AVENUE PALM CITY FL 34990 US	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

☒ CHECK HERE IF MAKING CHANGES

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

KLEIN, RICHARD
2779 SW OLDS PLACE
STUART FL 34997

7. Name and Address of New Registered Agent

Name: DURHAM, DR. GARY L.
Street Address (P.O. Box Number is Not Acceptable): 172 SE CRESTWOOD CIRCLE
City: STUART FL Zip Code: 34997

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: Gary L. Durham 4/18/2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ACRE, STEVE 7930 SE CROSSRIP STREET HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DURHAM, DR. GARY L. 172 SE CRESTWOOD CIRCLE STUART, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TERAMO, JORGE 161 S.W. WEST VIRGINIA DRIVE PORT ST LUCIE FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, EDEAR 5001 SW SUNSHINE FARM WAY PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARTER, EDGAR 5001 SW SUNSHINE FARM WAY PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BEIRNES, MALCOLM 8845 SE BAHAMA CIR HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ENGEBRETSEN, SHAWN 2126 NW FORK RD. STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ENGEBRETSEN, SHAWN 2126 NW FORK RD. STUART, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIFF, DUANE 9318 SE SHARON STREET HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 4/18/2003 772-283-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #