

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

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90011 050 ****70.00

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DOCUMENT # 765481

1. Entity Name
NEW HOPE PENTECOSTAL CHURCH, INC.



Principal Place of Business
**920 GANO AVENUE
ORANGE PARK FL 32073**

Mailing Address
**920 GANO AVENUE
ORANGE PARK FL 32073**

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 **59-2998644**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICKS, ANNETTE E
1851 YUKON COURT
MIDDLEBURG FL 32068**

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. 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 _____

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	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, ESSIE LEE	
STREET ADDRESS	3950 ROGER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LARRY VERNON	
STREET ADDRESS	8090 ATLANTIC BLVD, #G122	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	RICKS, ANNETTE E	
STREET ADDRESS	1851 YUKON CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Annette E Ricks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-03 904 838 2572