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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767291 (8)

1. Corporation Name

NEW HOPE UNIVERSAE HOLINESS CHURCH #2, INCORPORATION



Principal Place of Business

Mailing Address

115 WOODLAWN AVE.  
ST. AUGUSTINE FL 32905  
US

1059 W. KING ST.  
ST. AUGUSTINE FL 32095-8731  
US

3. Date Incorporated or Qualified  
03/03/1983

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28 Zip Country

4. FEI Number  
26-7529606

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL, MARIETTA  
1059 W KING ST  
ST. AUGUSTINE FL 32084

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SAUL, MARIETTA  
STREET ADDRESS 1059 W KING ST  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME SAUL, WILLIE  
STREET ADDRESS 1059 W KING ST  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE SD ☐ DELETE

NAME BIVINS, RUTH, V  
STREET ADDRESS RT. 6, BOX 497  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME SERMON, S, H  
STREET ADDRESS 505 N 14TH ST  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME SERMON, SALLIE  
STREET ADDRESS 505 N 14TH ST  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME RUTH, T, R  
STREET ADDRESS 735 10TH ST  
CITY-ST-ZIP PALATKA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001638

CR2E037 (9/96)