

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90010 045 ****61.25

DOCUMENT # 767291

1. Entity Name

**NEW HOPE UNIVERSAE HOLINESS CHURCH #2,
INCORPORATION**



Principal Place of Business

115 WOODLAWN AVE.
ST. AUGUSTINE FL 32905
US

Mailing Address

1059 W. KING ST.
ST. AUGUSTINE FL 32905
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

NO-T APPLICABLE

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

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

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

Marietta Saul

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

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 ALLEN, ENDOLYN
STREET ADDRESS 1048 W KING STREET
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE D ☐ Delete
NAME CAMPBELL, PRICELLA
STREET ADDRESS 11 WASHINGTON STRET
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME HACKNEY, ELOUIS
STREET ADDRESS 818 N 11TH STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME BOSTIC, LUNETTA
STREET ADDRESS 699 CHRISTOPHER STRET
CITY-ST-ZIP ST AUGUSTINE FL 32095

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Marietta Saul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-2004