

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767291

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** NEW HOPE UNIVERSAE HOLINESS CHURCH #2, INCORPORATION

**Current Principal Place of Business:**

115 WOODLAWN AVE.  
ST. AUGUSTINE, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

1059 W. KING ST.  
ST. AUGUSTINE, FL 32905 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAUL, MARIETTA,  
Address: 1059 W KING ST  
City-St-Zip: ST. AUGUSTINE, FL

Title: D ( ) Delete  
Name: SAUL, WILLIE,  
Address: 1059 W KING ST  
City-St-Zip: ST. AUGUSTINE, FL

Title: SD ( ) Delete  
Name: ALLEN, ENDOLYN  
Address: 1048 W KING STREET  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: CAMPBELL, PRICELLA  
Address: 11 WASHINGTON STRET  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: HACKNEY, ELOUIS  
Address: 818 N 11TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: BOSTIC, LUNETTA  
Address: 699 CHRISTOPHER STRET  
City-St-Zip: ST AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENDOLYN ALLEN

SD

04/06/2005

Electronic Signature of Signing Officer or Director

Date