


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90077 016 ****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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number NOT APPLICABLE		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SAUL, MARIETTA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUL, MARIETTA			NAME		
STREET ADDRESS	1059 W KING ST			STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP		
TITLE	D SAUL, WILLIE <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUL, WILLIE			NAME		
STREET ADDRESS	1059 W KING ST			STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP		
TITLE	SD GARDEN, ENDOLYN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDEN, ENDOLYN			NAME		
STREET ADDRESS	9645 OLD BAYMEADOWS ROAD			STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP		
TITLE	D CAMPBELL, PRICELLA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, PRICELLA			NAME		
STREET ADDRESS	11 WASHINGTON STRET			STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP		
TITLE	D HACKNEY, ELOUIS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKNEY, ELOUIS			NAME		
STREET ADDRESS	818 N 11TH STREET			STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP		
TITLE	D BOSTIC, LUNETTA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSTIC, LUNETTA			NAME		
STREET ADDRESS	699 CHRISTOPHER STRET			STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32095			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marietta Saul 4/18/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						

40075561



04102007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD SAUL, MARIETTA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, MARIETTA	NAME	
STREET ADDRESS	1059 W KING ST	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP	
TITLE	D SAUL, WILLIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, WILLIE	NAME	
STREET ADDRESS	1059 W KING ST	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP	
TITLE	SD GARDEN, ENDOLYN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDEN, ENDOLYN	NAME	
STREET ADDRESS	9645 OLD BAYMEADOWS ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	D CAMPBELL, PRICELLA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PRICELLA	NAME	
STREET ADDRESS	11 WASHINGTON STRET	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	
TITLE	D HACKNEY, ELOUIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKNEY, ELOUIS	NAME	
STREET ADDRESS	818 N 11TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	
TITLE	D BOSTIC, LUNETTA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, LUNETTA	NAME	
STREET ADDRESS	699 CHRISTOPHER STRET	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	CITY-ST-ZIP	

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SIGNATURE: Marietta Saul 4/18/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #