

5/24/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 25, 2002 8:00 am
Secretary of State

05-24-2002 91268 007 ****62.00

DOCUMENT # N01000001997

1. Entity Name

NEW HOPE TEMPLE OF FAITH MINISTER INC.

Principal Place of Business

43062 28TH AVE
VERO BEACH FL 32960

Mailing Address

1016 43RD AVE
VERO BEACH FL 32960

2. Principal Place of Business

4306 28TH AVENUE C

3. Mailing Address

1016 43RD AVENUE C

Suite, Apt. #, etc.

4306 28TH AVENUE C

Suite, Apt. #, etc.

1016 43RD AVENUE C

City & State

VERO BEACH FL

City & State

VERO BEACH, FL

Zip

32967

Country

INDIAN RIVER

Zip

32960

Country

INDIAN RIVER

4. FEI Number

65-0875687

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKIN, JOHN W SR
1016 43RD AVE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name **JOHN W. GASKIN SR**

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

4306 28TH AVENUE C

City

VERO BEACH, FL

FL

Zip Code

32967

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GASKIN, JOHN W SR	
STREET ADDRESS	1016 43RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	DS	☐ Delete
NAME	JOHNSON, ANEESHA	
STREET ADDRESS	170 8TH DR SW	
CITY-ST-ZIP	VERO BEACH FL 32962	

TITLE	DT	☐ Delete
NAME	GASKIN, MARY D	
STREET ADDRESS	1016 43RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		

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

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

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:

REV. JOHN W. GASKIN SR.

Date

Daytime Phone #

561-564-9546

CR2E037 (9/01)