

DOCUMENT # N48375

1. Entity Name

NEW HOPE HOLINESS CHURCH OF CHRIST, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90146 048 ****61.25

Principal Place of Business

Mailing Address

N W 5TH ST
WALDO FL 32694
US

1005 CONTINENTAL DR.
DAYTONA BEACH FL 32117-3932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3122309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, HORACE E SR.
248 N. DR. M.L. KING JR. BLVD.
DAYTONA BEACH FL 32114

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME PDS
STREET ADDRESS MITCHELL, PAULINE
CITY-ST-ZIP 1005 CONTINENTAL DR
DAYTONA BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME V
STREET ADDRESS MITCHELL, RANDALL
CITY-ST-ZIP 444 PINE ST
DAYTONA BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS 1005 Continental Dr.
CITY-ST-ZIP Daytona Beach, Fl. 32117

TITLE Delete
NAME D
STREET ADDRESS GRAHAM, MARY L
CITY-ST-ZIP 6337 ARMSTRONG DR
ELKTON FL 32033

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME T
STREET ADDRESS BROWN, BETTY
CITY-ST-ZIP P.O. BOX 54, 212 MOORE STRET
BUNNELL FL 32410

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME S
STREET ADDRESS MCMILLIAN, PAULINE
CITY-ST-ZIP 579 FAIRMOUNT RD
DAYTONA BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME VD
STREET ADDRESS MITCHELL, SHARON L
CITY-ST-ZIP 1005 CONTINENTAL DR
DAYTONA BEACH FL 32117

TITLE Change Addition
NAME
STREET ADDRESS 1001 Continental Dr.
CITY-ST-ZIP Daytona Beach, Fl. 32117

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Pauline Mitchell Pauline Mitchell 1-24-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/991