

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 041 ****61.25

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DOCUMENT # N48375

1. Entity Name

NEW HOPE HOLINESS CHURCH OF CHRIST, INC.

Principal Place of Business

**N W 5TH ST
 WALDO FL 32694
 US**

Mailing Address

**1005 CONTINENTAL DR.
 DAYTONA BEACH FL 32117**

2. Principal Place of Business

107 Marion St.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2292
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bunnell, Florida

City & State

Bunnell, Florida

4. FEI Number

59-3122309

Applied For

Not Applicable

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Pauline Mitchell**
 Street Address (P.O. Box Number is Not Acceptable)
12 Bridgehatch Drive
 City **Palm Coast** FL Zip Code **32137**

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 MITCHELL, PAULINE**
 STREET ADDRESS **1005 CONTINENTAL DR**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V MITCHELL, RANDALL**
 STREET ADDRESS **1005 CONTINENTAL DR**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **DD**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **SD Flynt, Pauline**
 STREET ADDRESS **579 Fairmount Rd**
 CITY-ST-ZIP **Daytona, Beach, Fl. 32114**

TITLE Delete
 NAME **VD MITCHELL, SHARON L**
 STREET ADDRESS **1001 CONTINENTAL DR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pauline Mitchell **Pauline Mitchell 2-12-01 1-904 446-4796**

Date

Daytime Phone #

CR2E037 (10/00)