

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48375

FILED
Apr 29, 2005
Secretary of State

Entity Name: NEW HOPE HOLINESS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

107 MARION STREET
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2292
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-3122309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, PAULINE
12 BRIDGEHAVEN DRIVE
PALM COAST, FL 32137 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: PDS () Delete
Name: MITCHELL, PAULINE,
Address: 1005 CONTINENTAL DR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: V () Delete
Name: MITCHELL, RANDALL,
Address: 1005 CONTINENTAL DR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: GRAHAM, MARY L
Address: 6337 ARMSTRONG DR
City-St-Zip: ELKTON, FL 32033

Title: TD () Delete
Name: BROWN, BETTY
Address: P.O. BOX 54, 212 MOORE STRET
City-St-Zip: BUNNELL, FL 32410

Title: SD () Delete
Name: FLYNT, PAULINE
Address: 579 FAIRMOUNT RD
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VD () Delete
Name: MITCHELL, SHARON L
Address: 1001 CONTINENTAL DR
City-St-Zip: DAYTONA BEACH, FL 32117

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: SD (X) Change () Addition
Name: FLYNT, PAULINE
Address: 519 FAIRMOUNT RD
City-St-Zip: DAYTONA BEACH, FL 32117

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: PAULINE MITCHELL

PDS

04/29/2005

Electronic Signature of Signing Officer or Director

Date