

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90001 006 ****61.00
N01000001997

DOCUMENT # N01000001997

1. Entity Name
NEW HOPE TEMPLE OF FAITH MINISTER INC.



Principal Place of Business
4306 28TH AVE
VERO BEACH, FL 32967

Mailing Address
1016 43RD AVE
VERO BEACH, FL 32960

FILED

04 JUL 23 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0875687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GASKIN, JOHN W SR
4306 28TH AVE
VERO BEACH, FL 32967

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JOHNSON, ANEESHA
170 6TH DR SW
VERO BEACH, FL 32962

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

7/8/23

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

7/8/04

Date

772-564-9546

Daytime Phone #