Entity Name: NEW HOPE UNIVERSAE HOLINESS CHURCH #2,
INCORPORATION

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

115 WOODLAWN AVE. ST. AUGUSTINE, FL 32084

DOCUMENT# 767291

## **Current Mailing Address:**

692 CHRISTOPHER STREET. ST. AUGUSTINE, FL 32084 US

#### FEI Number: NOT APPLICABLE

#### Name and Address of Current Registered Agent:

SAUL, WILLIE PD 692 CHRISTOPHER STREET ST. AUGUSTINE, FL 32084 US Certificate of Status Desired: No

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

# Officer/Director Detail :

Officer/Director Detail :				
Title	PD	Title	D	
Name	SAUL, WILLIE	Name	SAUL, WILLIE	
Address	699 CHRISTOPHER STREET	Address	692 CHRISTOPHER STREET	
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	ST. AUGUSTINE FL 32084	
Title	SD	Title	D	
Name	GARDEN, ENDOLYN	Name	CAMPBELL, PRICELLA	
Address	9645 OLD BAYMEADOWS ROAD	Address	11 WASHINGTON STRET	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	PALATKA FL 32177	
Title	D	Title	D	
Title Name	D WARREN, BEVERLY	Title Name	D SAUL, LUNETTA	
	-		-	
Name	WARREN, BEVERLY	Name	SAUL, LUNETTA	
Name Address	WARREN, BEVERLY 692 CHRISTOPHER STREET.	Name Address	SAUL, LUNETTA 699 CHRISTOPHER STRET	
Name Address City-State-Zip:	WARREN, BEVERLY 692 CHRISTOPHER STREET. ST. AUGUSTINE FL 32084	Name Address City-State-Zip:	SAUL, LUNETTA 699 CHRISTOPHER STRET ST AUGUSTINE FL 32084	
Name Address City-State-Zip: Title	WARREN, BEVERLY 692 CHRISTOPHER STREET. ST. AUGUSTINE FL 32084 DIRECTOR	Name Address City-State-Zip: Title	SAUL, LUNETTA 699 CHRISTOPHER STRET ST AUGUSTINE FL 32084 DIRECTOR	

I hereby 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 all other like empowered.

SIGNATURE: WILLIE SAUL

Date

Electronic Signature of Signing Officer/Director Detail

PD

# FILED Apr 18, 2017 Secretary of State CC8798067843