

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767291

**Entity Name:** NEW HOPE UNIVERSAE HOLINESS CHURCH #2,  
INCORPORATION**Current Principal Place of Business:**115 WOODLAWN AVE.  
ST. AUGUSTINE, FL 32084**Current Mailing Address:**692 CHRISTOPHER STREET.  
ST. AUGUSTINE, FL 32084 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAUL, WILLIE PD  
692 CHRISTOPHER STREET  
ST. AUGUSTINE, FL 32084 US*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

**Officer/Director Detail :**

Title	PD
Name	SAUL, WILLIE
Address	699 CHRISTOPHER STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	D
Name	SAUL, WILLIE
Address	692 CHRISTOPHER STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SD
Name	GARDEN, ENDOLYN
Address	9645 OLD BAYMEADOWS ROAD
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	CAMPBELL, PRICELLA
Address	11 WASHINGTON STRET
City-State-Zip:	PALATKA FL 32177

Title	D
Name	WARREN, BEVERLY
Address	692 CHRISTOPHER STREET.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	D
Name	SAUL, LUNETTA
Address	699 CHRISTOPHER STRET
City-State-Zip:	ST AUGUSTINE FL 32084

Title	DIRECTOR
Name	BROWN, PAMELA
Address	692 CHRISTOPHER STREET.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	DIRECTOR
Name	WARREN, ERICA
Address	692 CHRISTOPHER STREET.
City-State-Zip:	ST. AUGUSTINE FL 32084

*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****PD****04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date