

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000064

**Entity Name:** NEW HOPE AME METHODIST CHURCH CORP.

**Current Principal Place of Business:**

515 SCHOOL STREET  
BRONSON, FL 32621

**Current Mailing Address:**

645 BOUNDARY ST  
BRONSON, FL 32621 UN

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SCHULER, SHERRIE M  
645 BOUNDARY ST  
BRONSON, FL 32621 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: SHERRIE SCHULER**

**03/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name SCHULER, SHERRIE M  
Address 645 BOUNDARY ST  
City-State-Zip: BRONSON FL 32621

Title TRES  
Name SCHULER, SHIRLEY C  
Address PO BOX 342 470 EAST MAIN ST.  
City-State-Zip: BRONSON FL 32621

Title TRUS  
Name SCHULER, SHANE A  
Address 925 SW 57TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title TRUS  
Name SCHULER, FRANKLIN III  
Address 925 SW 57TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title TRUS  
Name THOMAS, LA  
Address PO BOX 342 657 BOUNDARY ST.  
City-State-Zip: BRONSON FL 32621

Title TRUS  
Name THOMAS, JESSE K SR.  
Address PO BOX 342 657 BOUNDARY ST.  
City-State-Zip: BRONSON FL 32621

*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: SCHULER, SHERRIE M**

**SEC**

**03/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date