

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48375

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC2877416961**

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

**Current Principal Place of Business:**

813 MARION STREET  
BUNNELL, FL 32110

**Current Mailing Address:**

12 BRIDGEHAVEN DRIVE  
PALM COAST, FL 32137

**FEI Number:** 59-3122309

**Certificate of Status Desired:** No

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

MITCHELL, PAULINE  
12 BRIDGEHAVEN DRIVE  
PALM COAST, FL 32137 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 PDS  
Name MITCHELL, PAULINE  
Address 12 BRIDGEHAVEN DR  
City-State-Zip: PALM COAST FL 32137

Title V  
Name FLYNT, PAULINE M.  
Address 1005 CONTINENTAL DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title D  
Name MITCHELL, SHARON L  
Address 12 BRIDGEHAVEN DRIVE  
City-State-Zip: PALM COAST FL 32137

Title TD  
Name BROWN, BETTY  
Address P.O. BOX 54, 212 MOORE STRET  
City-State-Zip: BUNNELL FL 32110

Title SD  
Name FLYNT, PAULINE  
Address 1005 CONTINENTAL DR  
City-State-Zip: DAYTONA BEACH FL 32117

*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:** PAULINE M. FLYNT

VP

04/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date