

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712635

1. Entity Name

NEW HOPE BIBLE CHURCH, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90112 024 \*\*\*\*61.25

Principal Place of Business Mailing Address  
1730 VINTAGE ST. 1730 VINTAGE ST.  
KISSIMMEE FL 34746 KISSIMMEE FL 34746-4029

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2067551 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, JAMES E.  
93 LAKEVIEW DRIVE  
ST. CLOUD FL 34769

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FOX, JAMES E  
STREET ADDRESS 93 LAKEVIEW DRIVE  
CITY-ST-ZIP ST. CLOUD FL 34769  
☐ Delete  
TITLE DT  
NAME SHEETS, JOHN  
STREET ADDRESS 3450 BLOSSOM ST.  
CITY-ST-ZIP KISSIMMEE FL 34746  
☐ Delete  
TITLE D  
NAME TINKEL, ARTHUR  
STREET ADDRESS 5571 OKALOOSA AVENUE  
CITY-ST-ZIP INTERCESSION CITY FL 33848  
☐ Delete  
TITLE SD  
NAME MCCANN, MARK  
STREET ADDRESS 702 N ROBERT ST  
CITY-ST-ZIP KISSIMMEE FL 34741  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 James E. Fox 1/20/00 407/933-4888

CR2E037 (9/99)