

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732505

1. Entity Name

NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90027 001 *****8.75
 03-16-2000 90027 002 *****61.25

Principal Place of Business Mailing Address
 1075 SW 174 TERR P.O. BOX 971026
 PERRINE 33157 PERRINE FL 33157
 US US

New Hope Church of God of Deliverence, Inc.
 2. Principal Place of Business 3. Mailing Address
 10573 SW 174 Terr P.O. Box 971026

Suite, Apt. #, etc. Suite, Apt. #, etc.
 MIAMI FL MIAMI FL -

City & State City & State
 PERRINE PERRINE

Zip Country Zip Country
 33157 33197



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 THOMPSON, MAE B
 17351 SW 106 AVE.
 PERRINE FL 33157

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, HARRY D	
STREET ADDRESS	19371 SW 17TH AVE.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEASLEY, RUTH E	
STREET ADDRESS	113 MONMOTH RD.	
CITY-ST-ZIP	JACOBSTOWN NJ 08562	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, MAE B	
STREET ADDRESS	17351 SW 106 AVE.	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOBLEY, ANNILEESEE T	
STREET ADDRESS	2302 NE 55 BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32106	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, MAE BELL	
STREET ADDRESS	17351 S. W. 106TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Maebell Thompson* *March 13-2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)