

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732505

1. Entity Name

NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 90480 001 \*\*\*\*61.25  
05-23-2001 90480 002 \*\*\*\*\*8.75

73459



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10573 SW 174 TERR  
MIAMI FL 33157  
US

P.O. BOX 971026  
MIAMI FL 33197  
US

2. Principal Place of Business

3. Mailing Address

New Hope Church of God of Deliverance  
Suite, Apt. #, etc.

P.O. Box 971026  
Suite, Apt. #, etc.

10573 SW 174 Terr  
City & State

Miami FL  
City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

THOMPSON, MAE B  
17351 SW 106 AVE.  
PERRINE FL 33157

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

Signature, typed or printed name of registered agent and title if applicable.

(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	<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		

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
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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: MAE B. Thompson  
Mae B. Thompson

MAY 3-01

305-238-1564

CR2E037 (10/00)