

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 91079 001 \*\*\*\*61.25  
02-24-2003 91079 002 \*\*\*\*8.75

**DOCUMENT # 732505**

1. Entity Name

**NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.**



Principal Place of Business

**10573 SW 174 TERR  
MIAMI FL 33157  
US**

Mailing Address

**P.O. BOX 971026  
MIAMI FL 33197  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thompson Mae B

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

(NOTE: Registered Agent signature required when reinstating)

Mae B. Thompson 2-20-03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **THOMPSON, HARRY D**  
STREET ADDRESS **19371 SW 17TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33177**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**  
NAME **TEASLEY, RUTH E**  
STREET ADDRESS **113 MONMOTH RD.**  
CITY-ST-ZIP **JACOBSTOWN NJ 08562**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TD**  
NAME **THOMPSON, MAE B**  
STREET ADDRESS **17351 SW 106 AVE.**  
CITY-ST-ZIP **PERRINE FL 33157**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**  
NAME **MOBLEY, ANNILEESEE T**  
STREET ADDRESS **2302 NE 55 BLVD.**  
CITY-ST-ZIP **GAINESVILLE FL 32106**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**  
NAME **THOMPSON, MAE BELL**  
STREET ADDRESS **17351 S. W. 106TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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: Thompson Mae B.  
THOMPSON MAE B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20. 2003. 305 2381547

CR2E037 (10/02)