

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749333

1. Entity Name

NEW HOPE TABERNACLE OF MANATEE COUNTY, INC. ✓

Principal Place of Business

928 63RD AVENUE EAST
BRADENTON FL 34203-7728

Mailing Address

928 63RD AVENUE EAST
BRADENTON FL 34203-7728

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

59-1886597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RICHARD
5105 19TH ST. W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name MARKO J Valenti

Street Address (P.O. Box Number is Not Acceptable) 108 SWAN DR

City ROTUNDA WEST

FL

Zip Code 33947

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 MARKO J. Valenti PASTOR

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

(NOTE: Registered Agent signature required when reinstating)

7-5-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	VD	<input type="checkbox"/> Delete
NAME	CLARK, RICHARD	
STREET ADDRESS	5105 19TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	VALENTI, MARKO J	
STREET ADDRESS	108 SWAN DRIVE	
CITY-ST-ZIP	ROTUNDA WEST FL 33947	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, GARY	
STREET ADDRESS	2102 19TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM BETTS	
STREET ADDRESS	4308 97TH AVE. EAST	
CITY-ST-ZIP	PARRISH FL 34219	
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: Mark J. Valenti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00

Date

941-755-7949

Daytime Phone #

CR2E037 (5/00)