

2001 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

VALENTI, MARKO
108 SWAN DR
ROTONDA WEST FL 33947

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

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

TITLE VD
NAME CLARK, RICHARD
STREET ADDRESS 5105 19TH ST. W.
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE PCD
NAME VALENTI, MARKO J
STREET ADDRESS 108 SWAN DRIVE
CITY-ST-ZIP ROTONDA WEST FL 33947 ☐ Delete

TITLE TD
NAME COCHRAN, GARY
STREET ADDRESS 2102 19TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205 ☒ Delete

TITLE TD
NAME BETTS, TIM
STREET ADDRESS 4308 97TH AVE EAST
CITY-ST-ZIP PARRISH FL 34219 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME Elaine C. Valenti
STREET ADDRESS 108 Swan Drive
CITY-ST-ZIP Rotonda W. FL 33947 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
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]

2/6/01 19415455957

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90074 001 ****61.25

02-27-2001 90074 002 *****8.75



DO NOT WRITE IN THIS SPACE

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