

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752462

1. Entity Name

NEW HOPE APOSTOLIC CHURCH INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90080 016 ****70.00

Principal Place of Business

Mailing Address

3012 N. 22ND STREET
TAMPA FL 33605

P.O. BOX 291332
TAMPA FL 33687-1332



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0304000

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, JAMES
3012 N 22ND ST
TAMPA FL 33605

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:
SEE 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ANDERSON, JAMES	3012 N 22ND ST	TAMPA FL	<input type="checkbox"/>
D	STEWART, CARLA	2613 E 9TH AVENUE	TAMPA FL	<input type="checkbox"/>
D	FORD, GREGORY	1943 KENWEE DR #8	TAMPA FL	<input type="checkbox"/>
SD	HANCOCK, DONNA	1442 139TH AVE E	TAMPA FL 33613	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

CR2E037 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

813/247-4625