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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764134

1. Corporation Name

NEW HOPE UNITED HOLY CHURCH OF AMERICA, INC.

Principal Place of Business

2101 21ST AVE
3861 NW 6TH STREET
FT LAUDERDALE FL 33311
US

Mailing Address

C.
3861 NW 6TH STREET
FT LAUDERDALE FL 33311



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/13/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, REV. WILLIAM
3861 NW 6TH STREET
FT LAUDERDALE FL 33311

81 Name

Saloma D. Barnett IT

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3861 NW 6 St**

84 City

Fort Lauderdale FL

85 Zip Code

33311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Saloma D. Barnett STD**

Saloma D Barnett

2-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **BARNETT, REV. WILLIAM**
STREET ADDRESS **3861 NW 6TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **STD** ☐ DELETE
NAME **BARNETT, SALOMA**
STREET ADDRESS **3861 NW 6TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **DAVIS, GUIDE**
STREET ADDRESS **2920 NW 24TH COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☐ Addition
1.2 NAME **Therence Williams**
1.3 STREET ADDRESS **869 W 12th St**
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Saloma D. Barnett** **2/22/99** **954-584809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)