2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 764134** Feb 16, 2000 8:00 am Secretary of State 1. Entity Name NEW HOPE UNITED HOLY CHURCH OF AMERICA, INC. 02-16-2000 90005 034 ****61.25 Principal Place of Business Mailing Address 2101 21ST AVE 3861"MW"GTH STREET 3861 NW 6TH STREET FT-LAUDERDALE FL 33371 FT LAUDERDALE FL 33311-6309 Principal Place of Business Address **FOOX** Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number orido NOT APPLICABLE TO CK CONVITTE Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNETT, SALOMA B 3861 NW 6TH STREET FT LAUDERDALE FL 33311 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. SIGNATURÉ 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE □ Delete TITLE Williams, Florence WILLIAMS, FLORENCE NAME NAME STREET ADDRESS STREET ADDRESS 869 W 12TH ST CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32095 Change TITLE STD Delete TITLE 6301 Roosevel Bluck NAME BARNETT, SALOMA NAME STREET ADDRESS STREET ADDRESS 3861 NW 6TH STREET CITY-ST-ZIP CITY-ST-ZIF FT LAUDERDALE FL ☐ Defete Addition TITLE TITLE NAME DAVIS, GUIDE STREET ADDRESS STREET ADDRESS 2920 NW 24TH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addres with all otherwike empowered

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR