

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90221 001 ****61.25

DOCUMENT # 764134

1. Entity Name

NEW HOPE UNITED HOLY CHURCH OF AMERICA, INC.

Principal Place of Business

2101 21ST AVE
PO BOX 14704
JACKSONVILLE FL 32238
US

Mailing Address

PO BOX 14704
JACKSONVILLE FL 32238
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICKERS, LOUISE J
6301 ROOSEVELT BLVD
LOT 59
JACKSONVILLE FL 32244

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME WILLIAMS, FLORENCE
STREET ADDRESS 869 W 12TH ST
CITY-ST-ZIP ST AUGUSTINE FL 32095

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

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

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

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

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

T ☐ Delete
NAME VICKERS, LOUISE J
STREET ADDRESS 6301 ROOSEVELT BLVD LOT 59
CITY-ST-ZIP JACKSONVILLE FL 32244

☒ Change ☐ Addition
NAME *Vickers, Louise J*
STREET ADDRESS *P.O. Box 40272*
CITY-ST-ZIP *Jax Fl. 32203-0272*
new Address for mailing

T ☐ Delete
NAME YOUNG, ALTAMEASE H
STREET ADDRESS 820 BATES AVE
CITY-ST-ZIP EUSTIS FL 32726

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: SIGNATURE REQUIRED

80134004



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)