


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90064 019 \*\*\*\*61.25

<b>DOCUMENT # 764134</b>	
1. Entity Name <b>NEW HOPE UNITED HOLY CHURCH OF AMERICA, INC.</b>	

Principal Place of Business <b>5291 COLLINS RD., LOT 64 JACKSONVILLE FL 32210 44 US 322</b>	Mailing Address <b>5291 COLLINS RD., LOT 64 JACKSONVILLE FL 32210 US 32244</b>
--	---

2. Principal Place of Business <b>5291 Collins Rd Suite, Apt. #, etc. Lot 64</b>	3. Mailing Address <b>5291 Collins Rd Suite, Apt. #, etc. Lot 64</b>
---	---

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32244</b>	Zip <b>32244</b>
Country <b>Duval</b>	Country <b>Duval</b>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>VICKERS, LOUISE J <del>6301 ROOSEVELT BLVD</del> <del>LOT 59</del> JACKSONVILLE FL 32244</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
--	--	---	--

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAMS, FLORENCE 869 W 12TH ST ST AUGUSTINE FL 32095</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BARNETT, SALOMA 3861 NW 6TH STREET FT LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, GUIDE 2920 NW 24TH COURT FORT LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICKERS, LOUISE J PO BOX 40272 JACKSONVILLE FL 32203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YOUNG, ALTAMEASE H 820 BATES AVE EUSTIS FL 32726</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

**SIGNATURE:**

*Louise J. Vickers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/25/04 904  
269-4261**