

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90135 024 ****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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Louise J Vickers 1/25/03 904-269-4261

CR2E037 (10/02)