

DOCUMENT # 764613

1. Entity Name

NEW HOPE CHURCH, INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90062 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% LINDALL BLACKBURN
RT 2 BOX 505
MACCLENNEY FL 32063

Mailing Address

% LINDALL BLACKBURN
RT 2 BOX 505
MACCLENNEY FL 32063

Lindall Blackburn

2. Principal Place of Business

3. Mailing Address

Rt 1 Box 3779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blow St Mary FL

Zip

Country

Zip

Country

32040

Baker

4. FEI Number

59-2305044

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

Name

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

City

FL

Zip Code

BLACKBURN, LINDALL
RT 2, BOX 505
MACCLENNEY FL 32063

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BLACKBURN, LINDALL
STREET ADDRESS RT 2, BOX 505
CITY-ST-ZIP MACCLENNEY FL ☐ Delete

TITLE PD
NAME Blackburn Lindall
STREET ADDRESS Rt 1 Box 3779
CITY-ST-ZIP Blow St Mary FL 32040 ☐ Change ☐ Addition

TITLE VD
NAME SHARPE, HAROLD
STREET ADDRESS RT 2, BOX 249
CITY-ST-ZIP MACCLENNEY FL ☐ Delete

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

TITLE D
NAME DAVIS, JENNIFER
STREET ADDRESS RT 2, BOX 505
CITY-ST-ZIP MACCLENNEY FL 32063 ☐ Delete

TITLE D
NAME Davis Jennifer
STREET ADDRESS 12165 Tom Wilkerson Road
CITY-ST-ZIP Macclennay FL 32063 ☐ Change ☐ Addition

TITLE STD
NAME PRYDE, KATHRINE
STREET ADDRESS RT 2, BOX 512
CITY-ST-ZIP MACCLENNEY FL ☐ Delete

TITLE STD
NAME Pryde Kathrine
STREET ADDRESS 5670 Lawrence Road
CITY-ST-ZIP Macclennay FL 32063 ☐ Change ☐ Addition

TITLE D
NAME DAVIS, ELOUISE
STREET ADDRESS ROUTE 2, BOX 505
CITY-ST-ZIP MACCLENNEY FL ☐ Delete

TITLE D
NAME Davis Eloise
STREET ADDRESS 12165 Tom Wilkerson Road
CITY-ST-ZIP Macclennay FL 32063 ☐ Change ☐ Addition

TITLE D
NAME DAVIS, ISAAC
STREET ADDRESS ROUTE 2 BOX 505
CITY-ST-ZIP MACCLENNEY FL ☐ Delete

TITLE D
NAME Davis Isaac
STREET ADDRESS 12165 Tom Wilkerson Road
CITY-ST-ZIP Macclennay FL 32063 ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kathrine M. Pryde Secretary

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)