

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90044 019 \*\*\*\*61.25

**DOCUMENT # 764613**

1. Entity Name

**NEW HOPE CHURCH, INC.**

Principal Place of Business

Mailing Address

% LINDALL BLACKURN  
RT 2 BOX 505  
MACCLENNEY FL 32063

% LINDALL BLACKURN  
RT 3 BOX 3779  
GLEN SAINT MARY FL 32040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2305044**

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

**BLACKBURN, LINDALL  
RT 2, BOX 505  
MACCLENNEY FL 32063**

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.

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-259-5191

CR2E037 (9/01)

ATTACHMENT

764613

301132

1-14-02

To Whom it May Concern,

Here are the New address of the  
Officers -

Linball Blackburn  
8352 Lewis Rhoden Road  
Blair St. Mary Il. 32040

Harold Sharp  
5803 Gum Road  
Macclenny Il. 32063

Jennifer Davis  
12165 Tom Wilkerson Rd  
Macclenny Il 32063

Elaine Davis  
12165 Tom Wilkerson Rd.  
Macclenny Il. 32063

Loose Davis  
12165 Tom Wilkerson Rd.  
Macclenny Il. 32063

Kathleen M. Pryde  
5670 Lawrence Rd  
Macclenny Il. 32063