2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2006
Secretary of State

DOCUMENT# 767291

Entity Name: NEW HOPE UNIVERSAE HOLINESS CHURCH #2, INCORPORATION

Current Principal Place of Business:

115 WOODLAWN AVE.
ST. AUGUSTINE, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1059 W. KING ST.
ST. AUGUSTINE, FL 32905 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUL, MARIETTA
1059 W KING ST
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SAUL, MARIETTA,	
Address:	1059 W KING ST	
City-St-Zip:	ST. AUGUSTINE, FL	
Title:	D	( ) Delete
Name:	SAUL, WILLIE,	
Address:	1059 W KING ST	
City-St-Zip:	ST. AUGUSTINE, FL	
Title:	SD	( ) Delete
Name:	ALLEN, ENDOLYN	
Address:	1048 W KING STREET	
City-St-Zip:	ST AUGUSTINE, FL 32095	
Title:	D	( ) Delete
Name:	CAMPBELL, PRICELLA	
Address:	11 WASHINGTON STRET	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	HACKNEY, ELOUIS	
Address:	818 N 11TH STREET	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	BOSTIC, LUNETTA	
Address:	699 CHRISTOPHER STRET	
City-St-Zip:	ST AUGUSTINE, FL 32095	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GARDEN, ENDOLYN	
Address:	9645 OLD BAYMEADOWS ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENDOLYN GARDEN SD 03/04/2006

Electronic Signature of Signing Officer or Director — Date