

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

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

02-03-2003 90097 020 \*\*\*\*61.25

**DOCUMENT # 767291**

1. Entity Name

**NEW HOPE UNIVERSAE HOLINESS CHURCH #2, INCORPORATION**



Principal Place of Business

**115 WOODLAWN AVE.  
ST. AUGUSTINE FL 32905  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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 Marietta Saul  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-2003

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SAUL, MARIETTA	1059 W KING ST	ST. AUGUSTINE FL				
D	SAUL, WILLIE	1059 W KING ST	ST. AUGUSTINE FL				
SD	ALLEN, ENDOLYN	1048 W KING STREET	ST AUGUSTINE FL 32095				
D	CAMPBELL, PRICEA	11 WASHINGTON STREET	PALATKA FL 32177				
D	HACKNEY, ELOUIS	818 N 11TH STREET	PALATKA FL 32177				
D	BOSTIC, LUNETTA	699 CHRISTOPHER STREET	ST AUGUSTINE FL 32095				

CR2E037 (10/02)

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: Marietta Saul 904,823,9314