

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91344 031 ****61.25

DOCUMENT # N00000004778

1. Entity Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF LAKE COUNT

Principal Place of Business

960 N DENNING DR
 WINTER PARK FL 32789-2461

Mailing Address

960 N DENNING DR
 WINTER PARK FL 32789-2461

2. Principal Place of Business *PO Box 1039*
210 N. Kentucky Ave

3. Mailing Address *210 N. Kentucky Ave*
PO Box 1039

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Umatilla, FL

Zip
32784

Country
Lake

City & State
Umatilla, FL

Zip
32784

Country
Lake

4. FEI Number
59-3664033

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

CLEVELAND, HAYWARD E
 960 N DENNING DR
 WINTER PARK FL 32789-2461

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 CLEVELAND, HAYWARD E
 960 N DENNING DR
 WINTER PARK FL 32789-2461 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 CLEVELAND, IDELLA
 960 N DENNING DR
 WINTER PARK FL 32789-2461 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 WILLIAMS, LUCILLE
 1531 JEFFERSON DR
 MT DORA FL 32757 ☐ Delete

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

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 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

407-644-8554
X 2-24-01
X on 407-376-3479