

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90071 019 ****61.25

DOCUMENT # N00000004778

1. Entity Name

**NEW HOPE MISSIONARY BAPTIST CHURCH OF LAKE COUNT
 Y, INC.**

Principal Place of Business

Mailing Address

210 N KENTUCKY AVENUE
 P O BOX 1039
 UMATILLA FL 32784
 US

210 N KENTUCKY AVENUE
 P O BOX 1039
 UMATILLA FL 32784
 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

59-3664033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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	PD	<input type="checkbox"/> Delete
NAME	CLEVELAND, HAYWARD E	
STREET ADDRESS	960 N DENNING DR	
CITY-ST-ZIP	WINTER PARK FL 32789-2461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLEVELAND, IDELLA	
STREET ADDRESS	960 N DENNING DR	
CITY-ST-ZIP	WINTER PARK FL 32789-2461	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LUCILLE	
STREET ADDRESS	1531 JEFFERSON DR	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Hayward E. Cleveland* **REQUIRED** *Hayward E. Cleveland* 4/27/02 407.376.3479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)