

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00969

1. Entity Name

GREATER NEW HOPE MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business

3099 ORANGE CENTER BLVD.
P.O. BOX 5685
ORLANDO FL 32805

Mailing Address

3099 ORANGE CENTER BLVD.
P.O. BOX 5685
ORLANDO FL 32805

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

59-2678885

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

WIGGINS, R.W. REV.

~~P.O. BOX 5685~~

3099 ORANGE CTR. BLVD.
ORLANDO FL 32805

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

TITLE	PD Chair, Trustee	<input type="checkbox"/> Delete
NAME	WIGGINS, RUSSELL W REV	
STREET ADDRESS	829 FERGUSON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, YOLONDA	
STREET ADDRESS	9115 ALISO RD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, EDDIE	
STREET ADDRESS	4301 CYNTHIA STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, ELLA MAE	
STREET ADDRESS	2408 SPINGARN CT.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, ALICE	
STREET ADDRESS	4927 KINGCOLE BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGGINS, BEULAH	
STREET ADDRESS	829 FERGUSON DR	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President, Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGINS, ALLEN T. D. Rev	
STREET ADDRESS	918 Woodin Blvd	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arson, Yolanda	
STREET ADDRESS	6541 Hawksmoor Drive	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

5/1/02 (407) 399-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)