

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-18-2002 90405 027 ****61.25

DOCUMENT # N01000001908

1. Entity Name

NEW HOPE PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

46 EAST MILLER ST.
 WINTER GARDENS FL 34787

46 EAST MILLER ST.
 WINTER GARDENS FL 34787

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

27-0004657

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

ROBERTS, RODNEY
432 HICKORY RD.
APOPKA FL 32712

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** Delete
 NAME **BLANCHARD, GLENN A**
 STREET ADDRESS **2600 DIPLOMAT DR.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** Change Addition
 NAME **Joe Fuller**
 STREET ADDRESS **202 Betsy Run**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **TD** Delete
 NAME **ULMER, WENDELL**
 STREET ADDRESS **431 SPRING HOLLOW BLVD.**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** Change Addition
 NAME **R. Wayne Garvin**
 STREET ADDRESS **7631 CLARCOMA-OCOEE RD**
 CITY-ST-ZIP **Orlando, FL 32818**

TITLE **D** Delete
 NAME **ULMER, WILLIAM**
 STREET ADDRESS **7641 CLARCOMA-OCOEE RD.**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** Change Addition
 NAME **David Warner**
 STREET ADDRESS **112 Michael Dr**
 CITY-ST-ZIP **Orlando FL 32765**

TITLE **VD** Delete
 NAME **MCSWAIN, WILLIAM**
 STREET ADDRESS **46 EAST MILLER ST.**
 CITY-ST-ZIP **WINTER GARDENS FL 34787**

TITLE **D** Change Addition
 NAME **David Pitney**
 STREET ADDRESS **2821 Cobble Ct**
 CITY-ST-ZIP **Orlando, FL 32822**

TITLE **SD** Delete
 NAME **ROBERTS, RODNEY**
 STREET ADDRESS **46 EAST MILLER ST.**
 CITY-ST-ZIP **WINTER GARDENS FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~**R. Wayne Garvin**~~
 STREET ADDRESS ~~**7631 CLARCOMA-OCOEE RD**~~
 CITY-ST-ZIP ~~**Orlando, FL 32818**~~

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 empowerments.

SIGNATURE:

Rodney Roberts, Sec
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002 *(407)539-2872*
 Date Daytime Phone #

CR2E037 (9/01)