

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90067 022 \*\*\*\*61.25

**DOCUMENT # N01000001997**

1. Entity Name  
**NEW HOPE TEMPLE OF FAITH MINISTER INC.**



Principal Place of Business

**43062 28TH AVE  
VERO BEACH FL 32967**

Mailing Address

**1016 43RD AVE  
VERO BEACH FL 32960**

2. Principal Place of Business

**4306 28th AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**1016 43rd AVENUE**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**

Zip  
**32967**

Country  
**INDIAN RIVER**

City & State  
**VERO BEACH FL**

Zip  
**32960**

Country  
**INDIAN RIVER**

4. FEI Number **65-0875687**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GASKIN, JOHN W SR  
4306 28TH AVE  
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name **JOHN W. GASKIN**

Street Address (P.O. Box Number is Not Acceptable)

**4306 28th AVENUE**

City **VERO BEACH, FL**

**FL**

Zip Code  
**32967**

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

*John W. Gaskin*

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

(NOTE: Registered Agent signature required when reinstating)

**3/3/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GASKIN, JOHN W SR**  
STREET ADDRESS **1016 43RD AVE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **DS** ☐ Delete  
NAME **JOHNSON, ANEESHA**  
STREET ADDRESS **170 6TH DR SW**  
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **DT** ☐ Delete  
NAME **GASKIN, MARY D**  
STREET ADDRESS **1016 43RD AVE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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: **JOHN W. GASKIN**

**3/3/2003**

CR2E037 (10/02)

90079829

ATTACHMENT

#NO100001997



# Application for Consumer's Certificate of Exemption

DR-5  
R. 10/00

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2) Florida Statutes]

MAIL TO: CENTRAL REGISTRATION  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0100

## THIS AREA FOR DOR USE ONLY

CERT. NO. \_\_\_\_\_

EFF DATE \_\_\_\_\_

EXP DATE: \_\_\_\_\_

\* NO FEE REQUIRED \* NO FEE REQUIRED \*

Exemption category for which you are  
applying (check only one):

CHECK ONE: ☒ New☐ Renewal Certificate No. \_\_\_\_\_☐ 501 (c)(3) Organization☐ Citizen Support Organization☐ Community Cemetery☐ Credit Union☐ Fair Association☐ Florida Fire and Emergency Services Foundation☐ Florida Retired Educators Association☐ Library Cooperative☐ Nonprofit Cooperative Hospital Laundry☐ Nonprofit Water System☐ Organization Benefiting Minors☐ Political Subdivision☒ Religious - physical place of worship☐ Religious - governing/administrative☐ Religious - transportation provider☐ School, College or University☐ Veterans' Organization☐ Volunteer Fire Department

Organization Name <i>New Hope Temple of Faith Ministries</i>			
Street Address <i>4306 28th AVENUE</i>		Business Phone <i>(772) 564-9546</i>	
City/State/ZIP <i>VERO BEACH FL 32967</i>		County, if located in Florida <i>INDIAN RIVER</i>	
Federal Employer Identification Number (FEIN) <i>65-6875687</i>	Is Organization Incorporated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of Incorporation <i>3/19/2001</i>	Does organization hold IRS exempt status? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address (If different than above) <i>1016 43rd AVE Nue</i>		Alternate Phone ( )	
City/State/ZIP <i>VERO BEACH FL 32960</i>		County, if located in Florida <i>INDIAN RIVER</i>	
Does the organization receive income from the sale or lease of tangible personal property, the lease of real property or the sale of taxable services? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, provide the organization's sales and use tax certificate of registration number: _____			

ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.

## CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the Consumer's Certificate of Exemption will only be used in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided on this application, including the attached documentation, and that the facts stated herein are true.

*John Wesley Gaskin*  
Signature

*PASTOR*  
Title

*JOHN WESLEY GASKIN*  
Print Name of Signatory

*3/3/2003*  
Date