

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90292 049 ****61.25

DOCUMENT # N01000004008

1. Entity Name
NEW HOPE FELLOWSHIP INTERNATIONAL CHURCH, INC.



Principal Place of Business
5330 MENDOZA ST.
W. PALM BCH FL 33415

Mailing Address
5330 MENDOZA ST.
W. PALM BCH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0583526**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOCK, CURTIS R SR.
5330 MENDOZA ST.
W. PALM BCH FL 33415

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Delete
NAME	MOCK, CURTIS R	
STREET ADDRESS	5330 MENDOZA ST.	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPANY, EDWARD	
STREET ADDRESS	1170 HATTERAS CIRCLE WEST	
CITY-ST-ZIP	W. PALM BCH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, TOM	
STREET ADDRESS	6293 LANSLOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS E. MOCK	
STREET ADDRESS	5330 MENDOZA ST.	
CITY-ST-ZIP	W. Palm Beach FL 33415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN KOCHER SPERGER	
STREET ADDRESS	16901 W. JENNIFER AVE	
CITY-ST-ZIP	BOCA RATON, FL 33470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER	
STREET ADDRESS	6293 LANSLOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILMONT HARDY	
STREET ADDRESS	6549 MONMOUTH ROAD.	
CITY-ST-ZIP	W. Palm Beach, FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT THOMPSON	
STREET ADDRESS	1921 - 12th AVE. N.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
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: *Curtis R. Mock, Sr.*
REQUIRED

4-26-03 561-3579546

CR2E037 (10/02)