FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 29, 2002 8:00 am Secretary of State DOCUMENT # NO100005867 05-27-2002 90482 024 ****61.50 NEW HOPE COMMUNITY CHURCH OF DESTIN, FLORIDA, IN Principal Place of Business Mailing Address 541 KELLY STREET 541 KELLY STREET DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address P.O. Box 17/6 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired aloda Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KING, ROBERT D 541 KELLY STREET DESTIN FL 32541 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 a 8/26/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE D Addition DOOLEY, TROY NAME NAME STREET ADDRESS 1219 QUAIL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE Delete TITLE 🖒. V.Kinthongo 851 Kellaine Dr. Deltin Fl. 32541 Donne Wkaughlin 2009 Contigness Court Deltin Fl. 32541 ☐ Change Addition NAME CHAMBLIN, DEAN NAME STREET ADDRESS 320 SOUTH SHORE DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP STD TITLE Delete TITLE 4 Addition WADKOWSKI, PAUL NAME NAME STREET ADDRESS 37 COURT DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CHATURE REQUIRED

SIGNATURE:

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2. The above named and submits this state	ement for the purpose of changing its	registered office or	registered agent, or both, in		- 1382	4/
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