

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

05-27-2002 90482 024 ****61.50

DOCUMENT # NO1000005867

1. Entity Name

NEW HOPE COMMUNITY CHURCH OF DESTIN, FLORIDA, IN C.

Principal Place of Business

541 KELLY STREET
 DESTIN FL 32541

Mailing Address

541 KELLY STREET
 DESTIN FL 32541

2. Principal Place of Business

1219 Airport Rd.
 #313

3. Mailing Address

P.O. Box 1716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number

Applied For

Not Applicable

Zip

32541

Country

OKalowa

Zip

32540

Country

OKalowa

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

KING, ROBERT D
 541 KELLY STREET
 DESTIN FL 32541

Name

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

1219 Airport Rd. #313

City

Destin

FL

Zip Code

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 agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/02

After September 13, 2002,
min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	DOOLEY, TROY	
STREET ADDRESS	1219 QUAIL RIDGE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHAMBLIN, DEAN	
STREET ADDRESS	320 SOUTH SHORE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WADKOWSKI, PAUL	
STREET ADDRESS	37 COURT DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. Kenhongo	
STREET ADDRESS	851 Kellam Dr.	
CITY-ST-ZIP	Destin FL 32541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna W. Laughlin	
STREET ADDRESS	2009 Cordgrass Court	
CITY-ST-ZIP	Destin, FL 32541	
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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR) *Attachment*

DOCUMENT # **NO1000005867**

1. Entity Name

NEW HOPE COMMUNITY CHURCH OF DESTIN, FLORIDA, INC.

Principal Place of Business

Mailing Address

~~541 KELLY STREET
DESTIN FL 32541~~

~~541 KELLY STREET
DESTIN FL 32541~~

P.O. Box 1716

98658

2. Principal Place of Business

3. Mailing Address

*1219 Airport Rd
Suite, Apt. #, etc.
313*

1219 Quail Ridge Dr.

City & State

City & State

Destin

Destin

Zip

Country

Zip

Country

FL

OKALOOSA

32540

OKALOOSA

4. FEI Number

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

~~KING, ROBERT O
541 KELLY STREET
DESTIN FL 32541~~

Name
Adam T. Dooley

Street Address (P.O. Box Number is Not Acceptable)
1219 Quail Ridge Dr.

City & State
Destin FL

Zip Code
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.

SIGNATURE

[Handwritten Signature]

11/2/02

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 **DOOLEY, TROY**
STREET ADDRESS **1219 QUAIL RIDGE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VP** Change Addition
NAME **V. Kent Longo**
STREET ADDRESS **851 Kellaire Dr.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VD** Delete
NAME **CHAMBLIN, DEAN**
STREET ADDRESS **320 SOUTH SHORE DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **STD** Change Addition
NAME **Donna Laughlin**
STREET ADDRESS **2009 Congress Court**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **STD** Delete
NAME **WAGKOWSKI, PAUL**
STREET ADDRESS **37 COURT DRIVE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VD** Delete
NAME **V. KENT LONGO**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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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 information.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02

Date

Daytime Phone #

CR2E037 (8/01)