

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90012 046 ****61.25

DOCUMENT # N02000000030

1. Entity Name

NEW HOPE IN CHRIST INTERNATIONAL MINISTRIES, INC

Principal Place of Business

Mailing Address

C/O JONES.FOSTER.JOHNSTON & STUBBS. P.A.
 505 S FLAGLER DR STE 1100
 W PALM BCH FL 33401

C/O JONES.FOSTER.JOHNSTON & STUBBS. P.A.
 505 S FLAGLER DR STE 1100
 W PALM BCH FL 33401

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

30-0032053

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

Name

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

City

FL

Zip Code

HENRY, THORNTON M ESQ.
505 S FLAGLER DR STE 1100
W PALM BCH FL 33401

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **SOUZA, EDSON**
 CITY-ST-ZIP **3050 PRESIDENTIAL WAY #204**
W PALM BCH FL 33401

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

TITLE ☐ Delete
 NAME **DTS**
 STREET ADDRESS **HARP, DONALD**
 CITY-ST-ZIP **3050 PRESIDENTIAL WAY #204**
W PALM BCH FL 33401

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BRYAN, ROBERT DR**
 CITY-ST-ZIP **CRICHTON COLLEGE 6655 WINDCHESTER RD**
MEMPHIS TN 38175

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DICKERSON, TIMOTHY**
 CITY-ST-ZIP **1127 POINTE NEWPORT TERR APT 209**
CASSELBERRY FL 32707

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **WHARTON, ROBERT**
 CITY-ST-ZIP **1633 TORRINGTON DR**
MEMPHIS TN 38018

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

TITLE ☐ Delete
 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:

Richard W. Hayes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02
 Date

561-478-7452
 Daytime Phone #

CR2E037 (9/01)