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

DOCUMENT # N0200000030

NEW HOPE IN CHRIST INTERNATIONAL MINISTRIES, INC



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

Mailing Address

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

Principal Place of Business Address Mailing Address								
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	uite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 30-0032053			
Zip Country		Zip	Zip Country			\$8.75 A	Not Applicable	
	6. Name and Address of Current Registered Agent			Fee Required				
	o. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HENRY, THORNTON M ESQ. 505 S FLAGLER DR STE 1100 W PALM BCH FL 33401			Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Cod	de	
SIGNATURE	ve named entity submits this statement ations of registered agent. Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	nt and title if applicable. (NO	TE: Registered Agent signature re mpaign Financing Contribution.		Make Check Florida Departr	Payable		
10.	OFFICERS AND D	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NB MONO/OTANGES		□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HARP, DONALD 3050 PRESIDENTIAL WAY #204 W PALM BCH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		1	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, ROBERT DR CRICHTON COLLEGE 6655 WIN MEMPHIS TN 38175	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	Lipitura de Sur.	[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, TIMOTHY 1127 POINTE NEWPORT TERR A CASSELBERRY FL 32707	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHARTON, ROBERT 1633 TORRINGTON DR MEMPHIS TN 38018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS		Ε	Change	☐ Addition	

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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FILED

01-13-2003 90464 035 ****61.25

Jan 13, 2003 8:00 am Secretary of State