

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90014 036 ****70.00

DOCUMENT # N10452

1. Entity Name

NEW HOPE LOVE OF GOD, INCORPORATED

Principal Place of Business

Mailing Address

643 COKE AVE
 WINTER GARDEN FL 34787
 US

740 SOUTH PARK AVE.
 WINTER GARDEN FL 34787-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, CHARLES ALLEN
740 PARK AVE.
WINTER GARDEN FL 34787

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.

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 **PD STEPHENS, CHARLES A**
 STREET ADDRESS **740 PARK AVE.**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34787**

TITLE Delete
 NAME **D WILLIFORD, WALTER J**
 STREET ADDRESS **641 COKE AVE**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE Change Addition
 NAME **D Williford, Walter J.**
 STREET ADDRESS **Evergreen Apts # 8**
 CITY-ST-ZIP **W. Bay St. Winter Garden, FL. 34787**

TITLE Delete
 NAME **STD STEPHENS, PATRICIA**
 STREET ADDRESS **740 PARK AVE**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34787**

TITLE Delete
 NAME **STD FLEMING, BERNESE**
 STREET ADDRESS **12512 EDGE HILL DR**
 CITY-ST-ZIP **GROVELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR FOWLER, QUEEN**
 STREET ADDRESS **741 BURCH AVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

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: *Charles A. Stephens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 407-656-1284
 Date Daytime Phone #

CR2E037 (9/99)