

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N37560****1. Entity Name**  
NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC.**Principal Place of Business**  
5200 OLEANDER AVE  
FT. PIERCE FL 34982 US**Mailing Address**  
5200 OLEANDER AVE  
FT. PIERCE FL 34982 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**65-0140173**  
**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**BRUHN WANDA D  
5200 OLEANDER AVE  
FT. PIERCE FL 34982 USName  
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 JIM TEDDER** **09/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE CAROLYN			NAME	BROWN BETH		
STREET ADDRESS	5200 OLEANDER AVE			STREET ADDRESS	5200 OLEANDER AVE		
CITY-ST-ZIP	FORT PIERCE FL 34982			CITY-ST-ZIP	FORT PIERCE FL 34982		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS LARRY			NAME	GIAQUINTO BRIAN		
STREET ADDRESS	5200 OLEANDER AVE			STREET ADDRESS	5200 OLEANDER AVE		
CITY-ST-ZIP	FT PIERCE FL 34782			CITY-ST-ZIP	FT PIERCE FL 34782		
TITLE	CD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUHN WANDA D			NAME	TEDDER JIM		
STREET ADDRESS	5200 OLEANDER AVE			STREET ADDRESS	5200 OLEANDER AVE		
CITY-ST-ZIP	FORT PIERCE FL 34982			CITY-ST-ZIP	FORT PIERCE FL 34982		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				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)(f), 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: BRIAN GIAQUINTO** **TD** **09/12/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)