

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37560

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

**Entity Name:** NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC.

**Current Principal Place of Business:**

5200 OLEANDER AVE  
FT. PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 OLEANDER AVE  
FT. PIERCE, FL 34982 US

**New Mailing Address:**

**FEI Number:** 65-0140173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUHN, WANDA D  
5200 OLEANDER AVE  
FT. PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: TEDDER, JIM  
Address: 5200 OLEANDER AVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: TD ( ) Delete  
Name: GIAQUINTO, BRIAN  
Address: 5200 OLEANDER AVE  
City-St-Zip: FT PIERCE, FL 34782

Title: SD ( ) Delete  
Name: BROWN, BETH  
Address: 5200 OLEANDER AVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HOLLOWAY, TERRY  
Address: 5200 OLEANDER AVE  
City-St-Zip: FT PIERCE, FL 34782

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM TEDDER

CD

01/09/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date