

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43267

1. Entity Name

NEW HOPE IN HOLINESS CHURCH OF GOD APOSTOLIC, IN

Principal Place of Business

9185 N.E. JACKSONVILLE RD.
ANTHONY FL 32617

Mailing Address

P.O. BOX 608
ANTHONY FL 32617-0608

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3158952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, WALTER L.
4781 N.E. 32ND LANE, #1
SILVER SPRINGS FL

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
PDC
BRENNAN, WALTER
STREET ADDRESS 4781 N.E. 32ND LANE
CITY-ST-ZIP SILVER SPRINGS FL

TITLE NAME ☐ Delete
D
GRIFFIN, JOSEPHINE
STREET ADDRESS 2865 N.E. 7TH STREET, APT. C
CITY-ST-ZIP OCALA FL 34470

TITLE NAME ☐ Delete
D
MITCHUM, ROSA
STREET ADDRESS 740 NE 23RD AVE., APT 10
CITY-ST-ZIP GAINESVILLE FL 32628

TITLE NAME ☐ Delete
D
LEWIS, DEBRA
STREET ADDRESS 2355 NE 86TH LANE
CITY-ST-ZIP ANTHONY FL 32619

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 35 Emerald DR
CITY-ST-ZIP OCALA FL 34472

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 9 Silver Run
CITY-ST-ZIP OCALA FL 34472

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Walter L. Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

352-680-9454

Daytime Phone #

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90383 049 ****61.25



DO NOT WRITE IN THIS SPACE