2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90048 022 ****61.25

DOCUMENT # N43267

1. Entity Name
NEW Hope In Holiness, Church of God Apostolic, Inc.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
9185 NE Jacksonville Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Anthony, Florida	City & State
Zip: 32617 Country: U.S.A	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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
	Name: Vivian J. Brannan (D)
	Street Address (P.O. Box Number is Not Acceptable): 2198 NE 35E Street
	City: OCALA FL Zip Code: 34471

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: Josephine Griffin — Josephine Griffin (PDC) — 04/29/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Brennan, Walter 4781 NE 32nd Lane Silver Springs, FL	☒ Delete Deceased (PDC)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) BARBARA Andrews 12285 NE Jacksonville Rd Anthony, FL 32619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(PDC) Josephine Griffin 9 Silver Run OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Linda R Morris 2198 NE 35th St. OCALA, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Rosa Mitchum 740 NE 23rd Ave #10 Gainesville, FL 32628	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) Debra Lewis 2355 NE 86th Lane Anthony, FL 32619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Josephine Griffin — Josephine Griffin (D) — 04/29/01 — (352) 687-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #