

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90075 010 ****61.25

DOCUMENT # N43267

1. Entity Name

NEW HOPE IN HOLINESS CHURCH OF GOD APOSTOLIC, IN C.

Principal Place of Business

Mailing Address

9185 N.E. JACKSONVILLE RD.
 ANTHONY FL 32617

9185 N.E. JACKSONVILLE RD.
 ANTHONY FL 32617

2. Principal Place of Business

3. Mailing Address

9 Silver Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

Zip

Country

Zip

Country

34472

USA

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

7. Name and Address of New Registered Agent

BRANNAN, VIVIAN J
 2198 NE 35TH STREET
 Ocala FL 34471

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 PDC
 NAME BRENNAN, WALTER
 STREET ADDRESS 4781 N.E. 32ND LANE
 CITY-ST-ZIP SILVER SPRINGS FL
 (Deceased) ☒ Delete

TITLE Director
 NAME Conkey Williams
 STREET ADDRESS 5795 SE 135th Street
 CITY-ST-ZIP Summerfield, FL 34491
☐ Change ☒ Addition

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

TITLE Director
 NAME Gloria G. Giam
 STREET ADDRESS 6809 SW 5th Place
 CITY-ST-ZIP Gainesville, FL 32607
☐ Change ☒ Addition

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

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

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

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

TITLE D
 NAME ANDREWS, BARBARA
 STREET ADDRESS 12285 NE JACKSONVILLE ROAD
 CITY-ST-ZIP ANTHONY FL 32619
☐ Delete

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

TITLE S
 NAME MORRIS, LINDA F
 STREET ADDRESS 2198 NE 35TH STREET
 CITY-ST-ZIP Ocala FL 34474
☐ Delete

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/01/02 (352) 687-1922

Daytime Phone #

CR2E037 (9/01)