


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90271 038 ****61.25

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| DOCUMENT # N43267 | |  |
| 1. Entity Name NEW HOPE IN HOLINESS CHURCH OF GOD APOSTOLIC, INC. | | |

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| Principal Place of Business 9413 SE MARIAMP RD. OCALA FL 34472 | Mailing Address 9 SILVER RUN OCALA FL 34472 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 4. FEI Number 59-3158952 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BRANNAN, VIVIAN J 2198 NE 35TH STREET OCALA FL 34471 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D GRIFFIN, ALLISON E 9 SILVER RUN OCALA FL 34472 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PDC GRIFFIN, JOSEPHINE 2865 N.E. 7TH STREET, APT. C OCALA FL 34470 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D MITCHUM, ROSA 740 NE 23RD AVE., APT 10 GAINESVILLE FL 32628 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| D GILLIAM, GLORIA 6809 SW 5TH PLACE GAINESVILLE FL 32607 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D ANDREWS, BARBARA 12285 NE JACKSONVILLE ROAD ANTHONY FL 32619 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| S MORRIS, LINDA F 2198 NE 35TH STREET OCALA FL 34474 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Griffin, Sean Sr 18 Cedar Circle Ocala, FL 34472 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Cummings, Rosa-Lee 1504 N.E. 19th St. Ocala, FL 34475 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PDC Griffin, Josephine B 9 Silver Run Ocala, FL 34472 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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| SIGNATURE: <i>Josephine B Griffin</i> Josephine B Griffin | Date: 04/28/04 | Daytime Phone #: 352 687-1922 |
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