

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90131 025 ****61.25

DOCUMENT # N43267

1. Entity Name

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



Principal Place of Business

**9185 N.E. JACKSONVILLE RD.
ANTHONY FL 32617**

Mailing Address

**9 SILVER RUN
OCALA FL 34472**

2. Principal Place of Business

9413 SE Maricamp Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

Zip **34472**

Country **USA**

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

**BRANNAN, VIVIAN J
2198 NE 35TH STREET
OCALA FL 34471**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **WILLIAMS, CORKEY**
STREET ADDRESS **5795 SE 135TH STREET**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Change ☒ Addition
NAME **ALLISON E. Griffin**
STREET ADDRESS **9 Silver Run**
CITY-ST-ZIP **OCALA, FL 34472**

TITLE **PDC** ☐ Delete
NAME **GRIFFIN, JOSEPHINE**
STREET ADDRESS **2885 N.E. 7TH STREET, APT. C**
CITY-ST-ZIP **OCALA FL 34470**

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

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

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

TITLE **D** ☐ Delete
NAME **GILLIAM, GLORIA**
STREET ADDRESS **6809 SW 5TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *Josephine B Griffin*

02/14/03 (352) 687-1922

CR2E037 (10/02)