

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90035 017 ****61.25

DOCUMENT # N48375

1. Entity Name

NEW HOPE HOLINESS CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

107 MARION STREET
BUNNELL FL 32110
US

P O BOX 2292
BUNNELL FL 32110



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3122309

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

MITCHELL, PAULINE
12 BRIDGEHAVEN DRIVE
PALM COAST FL 32137

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PDS ☐ Delete
NAME MITCHELL, PAULINE
STREET ADDRESS 1005 CONTINENTAL DR
CITY-STATE-ZIP DAYTONA BEACH FL 32117

TITLE V ☐ Delete
NAME MITCHELL, RANDALL
STREET ADDRESS 1005 CONTINENTAL DR
CITY-STATE-ZIP DAYTONA BEACH FL 32117

TITLE D ☐ Delete
NAME GRAHAM, MARY L
STREET ADDRESS 6337 ARMSTRONG DR
CITY-STATE-ZIP ELKTON FL 32033

TITLE TD ☐ Delete
NAME BROWN, BETTY
STREET ADDRESS P.O. BOX 54, 212 MOORE STRET
CITY-STATE-ZIP BUNNELL FL 32410

TITLE SD ☐ Delete
NAME FLYNT, PAULINE
STREET ADDRESS 519 FAIRMOUNT RD
CITY-STATE-ZIP DAYTONA BEACH FL 32117

TITLE VD ☐ Delete
NAME MITCHELL, SHARON L
STREET ADDRESS 1001 CONTINENTAL DR
CITY-STATE-ZIP DAYTONA BEACH FL 32117

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDS ☒ Change ☐ Addition
NAME Mitchell, Pauline
STREET ADDRESS 12 Bridgehaven Dr
CITY-STATE-ZIP Palm Coast Fl. 32137

TITLE V ☒ Change ☐ Addition
NAME Mitchell Randall
STREET ADDRESS 12 Bridgehaven Dr.
CITY-STATE-ZIP Palm Coast Fl. 32137

TITLE D ☐ Change ☒ Addition
NAME Jones M. MARGRET
STREET ADDRESS 202 E. BOOE ST
CITY-STATE-ZIP Bunnell Fl. 32110

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

TITLE SD ☒ Change ☐ Addition
NAME FLYNT Pauline
STREET ADDRESS 1005 Continental Dr.
CITY-STATE-ZIP Daytona Beach Fl. 32117

TITLE VD ☒ Change ☐ Addition
NAME Mitchell SHARON L
STREET ADDRESS 254 Bird of Paradise Dr.
CITY-STATE-ZIP Palm Coast Fl. 32137

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Pauline Mitchell Pauline Mitchell 04-04-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #