

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0067933

**DOCUMENT # N93000000760**

1. Entity Name

**NEW HOPE ASSEMBLY, INC.**

03-19-2001 90479 014 \*\*\*\*\*61.25

Principal Place of Business

3601 CYPRESS GARDENS ROAD  
 SUITE G  
 WINTER HAVEN FL 33884  
 US

Mailing Address

3601 CYPRESS GARDENS ROAD  
 SUITE G  
 WINTER HAVEN FL 33884  
 US

00026737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Ste C

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State

Zip

Country

4. FEI Number

59-3187255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HEDGES, ROBERT  
 2532 PARTRIDGE DR.  
 WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name **Timothy R. Gesicki**

Street Address (P.O. Box Number is Not Acceptable)

445 Ruby Lake Place

City **Winter Haven**

**FL**

Zip Code **33884**

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

**Timothy R. Gesicki, Trustee/Pastor 3/1/01**

**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

TITLE NAME ☐ Delete

KLEPPER, KEITH  
 102 LAKE THOMAS DR.  
 WINTER HAVEN FL 33880

TITLE NAME ☒ Delete

BILL SHEFFIELD,  
 2420 WILDWOOD CT.  
 WINTER HAVEN FL

TITLE NAME ☒ Delete

ROBERT HEDGES,  
 2532 PARTRIDGE DR.  
 WINTER HAVEN FL 33884

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

Timothy R. Gesicki  
 445 Ruby Lake Place  
 Winter Haven FL 33884

TITLE NAME ☐ Change ☒ Addition

David Harsh  
 725 Santa Maria Drive  
 Winter Haven FL 33884

TITLE NAME ☐ Change ☒ Addition

David Harsh  
 725 Santa Maria Drive  
 Winter Haven FL 33884

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy R. Gesicki 3/1/01**

Date

Daytime Phone #

**863-326-9110**

CR2E037 (10/00)