2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000760

1. Entity Name

NEW HOPE ASSEMBLY, INC.

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:19

Principal Place of Business	Mailing Address
3601 Cypress Gardens Road Suite C Winter Haven, FL 33884 US	same

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
Gesicki, Timothy R. 445 Ruby Lake Place Winter Haven, FL 33884	Name: Klepper, Keith Street Address (P.O. Box Number is Not Acceptable): 102 Lake Thomas Drive City: Winter Haven **FL** Zip Code: 33880

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 Keith Klepper Keith Klepper, Trustee/Elder 9/19/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T Klepper, Keith 102 Lake Thomas Dr. Winter Haven, FL 33880	☐ Delete	T Stubenrauch, Gary 1005 Lake Eloise Terr. West Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gesicki, Timothy R. 445 Ruby Lake Place Winter Haven, FL 33884	☒ Delete	T Huff, Ed 1174 S. Lake Starr Blvd. Lake Wales, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Harsh, David 725 Santa Maria Drive Winter Haven, FL 33884	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900004625619--5 -10/08/01--81005--008 *****61.75 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: Keith Klepper Keith Klepper 9/19/2001 (863)686-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #