

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90128 004 ****61.25

DOCUMENT # N93000000760

1. Entity Name
NEW HOPE ASSEMBLY, INC.



Principal Place of Business
**3601 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN FL 33884
US**

Mailing Address
**3601 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN FL 33884
US**

2. Principal Place of Business
651 Carl Floyd Rd.
Suite, Apt. #, etc.

3. Mailing Address
651 Carl Floyd Rd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Haven FL
Zip
33884
Country
USA

City & State
Winter Haven FL
Zip
33884
Country
USA

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

**KLEPPER, KEITH
102 LAKE THOMAS DRIVE
WINTER HAVEN FL 33880**

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 NAME STREET ADDRESS CITY-ST-ZIP	T KLEPPER, KEITH 102 LAKE THOMAS DR. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUBENRAUCH, GARY 1005 LAKE ELOISE TERR. WEST WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUFF, ED 1174 S LAKE STARR BLVD LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARSH, DAVID 725 SANTA MARIA DRIVE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGKEITH** **KEITH KLEPPER** **4/2/03** **863-326-9110**

CR2E037 (10/02)