

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90044 015 ****61.25


DOCUMENT # N94000000803

1. Entity Name
NEW HOPE CHURCH OF GOD IN CHRIST OF ORLANDO, INC

Principal Place of Business 1410 WEST 30TH STREET ORLANDO FL 32805	Mailing Address 1410 WEST 30TH STREET ORLANDO FL 32805-6306
--	---

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

6003100



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0938130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

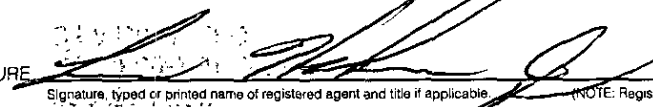
6. Name and Address of Current Registered Agent

HENDERSON, LOUIS J R.
4645 W CONLEY ST
ORLANDO FL 32811

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.

SIGNATURE:  *President* **4/30/00**
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	HENDERSON, LOUIS	
STREET ADDRESS	4645 W. CONLEY ST.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, CASSANDRA	
STREET ADDRESS	4645 W. CONLEY ST.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ROBIN	
STREET ADDRESS	1417 WEST 30TH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	DOBS	<input type="checkbox"/> Delete
NAME	ON, DARRELL ELIJAH	
STREET ADDRESS	700 GROVE AVE.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KILGORE, DEBORAH	
STREET ADDRESS	1826 WHITNEY WAY, #202	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, ROSIE	
STREET ADDRESS	6925 THOUSAND OAK ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruthie Dobson	
STREET ADDRESS	700 GROVE AVENUE	
CITY-ST-ZIP	ORLANDO, FL. 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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:  **4/30/00** **(407)843-8897**
 Signature and typed or printed name of signing officer or director Date Disting Phone #

CR2E037 (9/99)