2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # N9400000803 1. Entity Name 05-17-2001 91084 018 ****61.25 NEW HOPE CHURCH OF GOD IN CHRIST OF ORLANDO, INC Mailing Address Principal Place of Business 1410 WEST 30TH STREET 1410 WEST 30TH STREET ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0938130 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENDERSON, LOUIS J R. 4645 W CONLEY ST ORLANDO FL 32811 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition DC TITLE ☐ Change ☐ Delete TITLE HENDERSON, LOUIS NAME NAME STREET ADDRESS 4645 W. CONLEY ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE HENDERSON, CASSANDRA NAME NAME STREET ADDRESS STREET ADDRESS 4645 W. CONLEY ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Ross Robin 4645 Malbu St ☐ Delete TITLE TITLE NAME ROSS, ROBIN NAME STREET ADDRESS 1417 WEST 30TH STREET STREET ADDRESS OMANDO Ma. 32811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Change ☐ Addition TITLE DOBS ☐ Delete TITLE NAME NAME ON, DARRELL ELIJAH STREET ADDRESS STREET ADDRESS 700 GROVE AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Change Delete TITI F ☐ Addition TITLE Cooper Rosie 5425 PINE Chase DR. #8 Orlando, Fla. 32808 COOPER, ROSIE NAME NAME STREET ADDRESS STREET ADDRESS 6925 THOUSAND OAK ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE REQUIRED