

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

00121787

DOCUMENT # N94000000803

1. Entity Name

NEW HOPE CHURCH OF GOD IN CHRIST OF ORLANDO, INC

05-27-2002 90334 017 ****61.25

Principal Place of Business

Mailing Address

**1410 WEST 30TH STREET
 ORLANDO FL 32805**

**1410 WEST 30TH STREET
 ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0938130

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 Delete
 NAME **DC HENDERSON, LOUIS**
 STREET ADDRESS **4645 W. CONLEY ST.**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HENDERSON, CASSANDRA**
 STREET ADDRESS **4645 W. CONLEY ST.**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROSS, ROBIN**
 STREET ADDRESS **4645 MALBU ST**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DOBS ON, DARRELL ELIJAH**
 STREET ADDRESS **700 GROVE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME **D Venita Williams**
 STREET ADDRESS **5743 Westview Drive**
 CITY-ST-ZIP **Orlando, Fla. 32810**

TITLE Delete
 NAME **S COOPER, ROSIE**
 STREET ADDRESS **5425 PINE CHASE DR #8**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE Change Addition
 NAME
 STREET ADDRESS **5743 Westview Drive**
 CITY-ST-ZIP **Orlando, Florida 32810**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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 REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (407)835-8029
 Date Daytime Phone #

CR2E037 (9/01)