# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 15, 2008 8:00 am**
**Secretary of State**
04-15-2008 90014 029 ****70.00

DOCUMENT # N94000001329

1. Entity Name

NEW HOPE HOLINESS CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 738 TYLER STREET<br>JACKSONVILLE FL 32205 | 775 E 57TH ST<br>JACKSONVILLE FL 32208 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | 5744 Cleveland Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Jacksonville, FL |
| Zip / Country | Zip: 32209 / Country: Duval |

4. FEI Number: 59-3230871 ☐ 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 |
|---|---|
| BROWN, MARY C<br>775 EAST 57TH STREET<br>JACKSONVILLE FL 32208 | Name: Brown, Mary C<br>Street Address (P.O. Box Number is Not Acceptable): 5744 Cleveland Rd<br>City: Jacksonville FL Zip Code: 32209 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | P<br>BROWN, MARY C<br>775 E 57TH ST<br>JACKSONVILLE FL 32208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, ANTHONY<br>775 E 57TH ST.<br>JACKSONVILLE FL 32208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SANDERS, LENA<br>120 E 44TH ST<br>JACKSONVILLE FL 32208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, TONYA ALICIA<br>3883 N.W. CTY HWY. 316<br>RIDDICK FL 32686 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SOLOMON, JIMMY M<br>1311 HARRISON ST<br>JACKSONVILLE FL 32206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, LOUISE<br>1031 E 24TH ST.<br>JACKSONVILLE FL 32206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Mary C Brown, Mary C Brown 4-1-08 904 764 3001