

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001565

1. Entity Name

NEW HOPE MINISTRIES OF TALLAHASSEE, INC.

Principal Place of Business

4318 SHERBORNE ROAD
TALLAHASSEE FL 32303

Mailing Address

4318 SHERBORNE ROAD
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3226724

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROESSLER, RONALD REV
4318 SHERBORNE ROAD
TALLAHASSEE FL 32303

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

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

TITLE PD
NAME ROESSLER, RONALD REV.
STREET ADDRESS 4318 SHERBORNE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE TD
NAME BLOUNT, EUGENE M
STREET ADDRESS ROUTE 1, BOX 1772
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE D
NAME PHILLIPS, FRANKLIN D
STREET ADDRESS 4211 WOODHILL COURT
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE D
NAME ASHBURN, GARY
STREET ADDRESS 91 ROCK LANDING RD.
CITY-ST-ZIP PANACEA FL 32346 ☒ Delete

TITLE D
NAME COGINS, STACEY
STREET ADDRESS NATURAL BRIDGE ROAD
CITY-ST-ZIP WOODVILLE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Franklin D. Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 *850-487-8885*
Date Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90051 035 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)