

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001565**

1. Entity Name

NEW HOPE MINISTRIES OF TALLAHASSEE, INC.**FILED****Mar 03, 2002 8:00 am**
Secretary of State

03-03-2002 90080 027 ****61.25

Principal Place of Business

Mailing Address

**4318 SHERBORNE ROAD
TALLAHASSEE FL 32303****4318 SHERBORNE ROAD
TALLAHASSEE FL 32303****80035724**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROESSLER, RONALD REV
4318 SHERBORNE ROAD
TALLAHASSEE FL 32303**

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 \$61.259. 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
STREET ADDRESS
CITY-ST-ZIP
**PD
ROESSLER, RONALD REV.
4318 SHERBORNE ROAD
TALLAHASSEE FL 32303**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BLOUNT, EUGENE M
ROUTE 1, BOX 1772
HAVANA FL 32333**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, FRANKLIN D
4211 WOODHILL COURT
TALLAHASSEE FL 32303**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**5101 Pimlico Drive
Tallahassee, FL 32309**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COGINS, STACEY
NATURAL BRIDGE ROAD
WOODVILLE FL 32311**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

FRANKLIN D. PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

850-668-2040

Daytime Phone #

CR2E037 (9/01)