## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9400001565

NEW HOPE MINISTRIES OF TALLAHASSEE, INC.



## **FILED** Feb 25, 2003 8:00 am § Secretary of State

02-25-2003 90134 010 \*\*\*\*61.25

	_	,	A STATE OF THE STA					
Principal Place of Business		Mailing Address						
4318 SHERBORNE ROAD TALLAHASSEE FL 32303		4318 SHERBORNE ROAD TALLAHASSEE FL 32303						
2. Principal	Place of Business	3. Mailing Address						
<u> </u>		3. Mailing Address		) (CENTROL BUE 181)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For				
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	8.75 Ad	ot Applicable Iditional	
	6. Name and Address of Curre	nt Registered Agent			ess of New Registered Ag	e Require	<u></u>	
			Name	7. Name and Addr	ess of New Registered Ag	ent	<del></del>	
	ER, RONALD REV		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	IERBORNE ROAD			OS () :O: DOX 14diff Del 13 14				
I ALLAN	ASSEE FL 32303							
			City		FL	Zip Coc	le	
8. The abov	e named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in th	ne State of Florida Lam fam	iliar with	and accept	
the obliga	ations of registered agent.			<b>3</b> - 4	o otale of Florida. Fam fam	mical Willi,	and accept	
SIGNATURE								
OIGIVATORE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)	DATE			
	· · · · · · · · · · · · · · · · · · ·				DAIL			
17.13 S	FILE NOW: FEE IS \$61.25	9. Election Can	paign Financing	\$5.00 May Be	Make Check F	avable	to	
	- 1 <sup>10</sup>	Trust Fund C	ontribution.	Added to Fees	Florida Departm	ent of S	State	
10.	OFFICERS AND E	DIRECTORS	11,	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORE IN	110	
TITLE	PD	☐ Delete	TITLE	7.12.2.1.071070134140220		Change	Addition	
NAME STREET ADDRESS	ROESSLER, RONALD REV. 4318 SHERBORNE ROAD		NAME		_	go		
CITY-ST-ZIE	TALLAHASSEE FL 32303		STREET ADDRESS CITY-ST-ZIP					
TITLE	TD	☐ Delete	<del></del>					
NAME	BLOUNT, EUGENE M	LI Delete	TITLE NAME			) Change	Addition Addition	
STREET ADDRESS	ROUTE 1, BOX 1772	the second of the second of	STREET ADDRESS		ميرفع ليكوم الجالي فالمكا	***	, i	
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP					
title Name	PHILLIPS, FRANKLIN D	☐ Delete	TITLE			Change	☐ Addition	
	5101 PIMLICO DRIVE		NAME STREET ADDRESS A					
CITY-ST-ZIP	TALLAHASSEE FL 32309		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			06		
VAME	COGINS, STACEY		NAME		Ц	Change	☐ Addition	
STREET ADDRESS SITY-ST-ZIP	NATURAL BRIDGE ROAD	• •	STREET ADDRESS					
	WOODVILLE FL 32311		CITY-ST-ZIP					
itle Iame		□ · Delete	TITLE . D	njei Lamb		Change	Addition	
STREET ADDRESS			NAME SUBSTREET ADDRESS 12	30 Graphe	ward Drive			
CITY-ST-ZIP					FL 32312		[	
ITLE		☐ Delete	TITLE D			Change	Addition	
IAME		2		nry M. W	atson ,	опанув	AUGRION	
TREET ADDRESS			STREET ADDRESS 49	3 Bear Cre	ek Road		}	
ITY-ST-ZiP			CITY_CT_7ID	·			1	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

2/24/03 (850)668-2040