

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90063 044 ****61.25

DOCUMENT # N94000005871

1. Entity Name

NEW HOPE BAPTIST CHURCH OF DELTONA, INC.

Principal Place of Business

Mailing Address

1890 PROVIDENCE BLVD #S & T
 DELTONA FL 32725
 US

PO BOX 5642
 DELTONA FL 32728-5642
 US

2. Principal Place of Business

3. Mailing Address

2855 Lake Helen Osteen

2855 Lake Helen Osteen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deltona FL

City & State

Deltona, FL

4. FEI Number

59-3295588

Applied For

Not Applicable

Zip

32738

Country

U.S.A.

Zip

32738

Country

U.S.A.

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

BRADLEY, DOROTHALENE
1890 PROVIDENCE BLVD
BLVD #S&T
DELTONA FL 32725

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	D	<input type="checkbox"/> Delete
NAME	BRADLEY, WILLIAM JR.	
STREET ADDRESS	1921 LAVINA DR.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEWELL, ISAAC	
STREET ADDRESS	868 WHITEWOOD AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MICHAEL WILLIAMS SR	
STREET ADDRESS	2889 COTTAGEVILLE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BRADLEY, WILLIAM JR.</i>	
STREET ADDRESS	<i>1055 W. SEAGATE DRIVE</i>	
CITY-ST-ZIP	<i>DELTONA, FL 32725</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Bradley* **REQUIRED**

1-18-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)