2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2002 8:00 am Secretary of State DOCUMENT # N9400005871 1. Entity Name NEW HOPE BAPTIST CHURCH OF DELTONA, INC. 03-06-2002 90110 004 ****70.00 Mailing Address Principal Place of Business 2855 LAKE HELEN OSTEEN ROAD 2855 LAKE HELEN OSTEEN POAL **DELTONA FL 32738 DELTONA FL 32738** HS Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3295588 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, DOROTHALENE 1055 W. Seasnte De 1890 PROVIDENCE BLVD BLVD #S&T **DELTONA FL 32725** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE TITI F ☐ Delete BRADLEY, WILLIAM JR. NAME NAME STREET ADDRESS 1055 W. SEAGATE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Change ☐ Addition Ð ☐ Delete TITI E TITLE SEWELL, ISAAC NAME NAME STREET ADDRESS STREET ADDRESS 868 WHITEWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Change ☐ Addition TR ☐ Delete TITLE TITLE MICHAEL WILLIAMS SR NAME NAME STREET ADDRESS STREET ADDRESS 2889 COTTAGEVILLE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #