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

DOCUMENT # N9400005871

Entity Name

NEW HOPE BAPTIST CHURCH OF DELTONA, INC.

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FILED
Mar 31, 2003 8:00 am s
Secretary of State

03-31-2003 90231 040 ****70.00

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2855 LAKE HELEN OSTEEN 2855 I				lailing Address 55 LAKE HELEN OSTEEN ELTONA FL 32738				1 (0.04) (1/10)))))))))))))))))))))))))))))))))))	HAL BIRKI RRIKA RRIKA K	1 111 13 111 1	0.191 01101 10111 10	894 JAN 1688
2. Principal P	Place of Busine	ess	3. Mailin	Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-3295588 Applied Not'Ap				
Zip Country Z				Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Realstered	Agent				7. Name and Add	ress of New Re	aistered	Agent	
		_				7. Name and Address of New Registered Agent Name						
BRADLEY, DOROTHALENE 1055 W SEAGATE DR							ess (P	(P.O. Box Number is Not Acceptable)				
	FL 32725	•				·		 ;	_ .		······································	
						City				FL	Zip Cod	е
	named entity ions of registe	submits this statement fo ered agent.	the purpos	se of changing its	registere	ed office or reg	gistere	d agent, or both, in	the State of Flori	ida. I am	familiar with,	and accept
SIGNATURE	Skangture, typed /	or printed name of registered agent a	and title if applic	shie /NOTE	Penisterer	J Agent signature re	ouirad v	when coinctating)		DATE		
	jignalara, typed t	or printed rearrie of registored agents	and too ii applici	uble. (1401)	riegistorot	Agent agnature for	AGUITOU F	And Foliation (a)	, -	D. (1)		_
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			k Payable rtment of S	
10.		OFFICERS AND DIF	ECTORS		11.		- Al	DDITIONS/CHANG	ES TO OFFICER	S AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WILLIAM JR. EAGATE DR		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, IS 868 WHITE DELTONA	WOOD AVE.		☐ Delete		ı					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MICHAEL V 2889 COTI DELTONA			☐ Delete		1					□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ı			·		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Sage.		□ Delete		l			-	· .	_ ☐ Change	☐ Addition

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 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 Bradles of UNWilliam Bradley Jr. 3/21/03