

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90054 029 ****70.00

DOCUMENT # N96000002987

1. Entity Name

NEW HOPE FIRST COMMUNITY CHURCH, INC.

Principal Place of Business

**21 S.E. 9TH STREET
POMPANO BEACH FL 33060**

Mailing Address

**21 S.E. 9TH STREET
POMPANO BEACH FL 33060-8848**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0675004

Applied For

Not Applicable

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

**SCHIRRMACHER, KURT
21 S.E. 9TH STREET
POMPANO BEACH FL 33060**

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

1-9-00

**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

TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHIRRMACHER, KURT	
STREET ADDRESS	21 S.E. 9TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWCOMB, JEFF	
STREET ADDRESS	6951 N FEDERAL HWY LOT 6	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HAHM, GEORGE	
STREET ADDRESS	8155 MIZNER LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LARACUENTE, DOTTIE	
STREET ADDRESS	116 SE 13 AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, DIANE	
STREET ADDRESS	21 SE 9 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINGEN CHARLES	
STREET ADDRESS	5253 MAGELLAN WAY WEST	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	BAHM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS BOBBY	
STREET ADDRESS	6791 BRIDLEWOOD CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ JORGE	
STREET ADDRESS	P.O. BOX 17157	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORRAS NELLIE	
STREET ADDRESS	5734 ASPEN RIDGE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

Date

Daytime Phone #

1-9-00 954-941-1675

CR2E037 (9/99)