

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002987

1. Entity Name

NEW HOPE FIRST COMMUNITY CHURCH, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90127 042 ****61.25

0035436

Principal Place of Business

21 S.E. 9TH STREET
POMPAN0 BEACH FL 33060

Mailing Address

21 S.E. 9TH STREET
POMPAN0 BEACH FL 33060

2. Principal Place of Business

PO BOX 1361
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1361
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPAN0 BEACH, FL

City & State
POMPAN0 BEACH, FL

4. FEI Number
65-0675004

Applied For
Not Applicable

Zip
33060

Country
USA

Zip
33060

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIRRMACHER, KURT
21 S.E. 9TH STREET
POMPAN0 BEACH FL 33060

7. Name and Address of New Registered Agent

Name
WILLIAMS, ROBERT Y

Street Address (P.O. Box Number is Not Acceptable)

6791 BRIDLEWOOD CT.

City
BOCA RATON

FL

Zip Code
33433

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 Robert Y Williams (TREASURER) ROBERT Y WILLIAMS 4/17/01
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHIRRMACHER, KURT 21 S.E. 9TH STREET POMPAN0 BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LINGREN, CHARLES 5263 MAGELLAN WAY WEST DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BAHM, GEORGE 8155 MIZNER LANE BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILLIAMS, BOBBY 6791 BRIDLEWOOD CT BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, JORGE PO BOX 17157 WEST PALM BEACH FL 33416	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORRAS, NELLIE 5734 ASPEN RIDGE CIRCLE DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHOURY, RUSSELL 7024 CHESAPEAKE CIRCLE BOYNTON BEACH, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LINGEN, CHARLES 12492 PLEASANT WAY GREEN BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RODRIGUEZ, LUIS 3047 NW 91 AVE APT #203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILLIAMS, ROBERT 6791 BRIDLEWOOD CT BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP NEELIPARRAS, NELLIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PARRAS, NELLIE 10470 GOLD LEAF DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Y Williams ROBERT Y WILLIAMS 4/17/01 954 421 4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)