

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90675 030 \*\*\*\*70.00

**DOCUMENT # N96000002987**

1. Entity Name

**NEW HOPE FIRST COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1301  
 POMPANO BEACH FL 33061

P.O. BOX 1301  
 POMPANO BEACH FL 33061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0675004**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, ROBERT Y**  
**6191 BRIDLEWOOD CT**  
**BOCA RATON FL 33433**

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

*Robert Y Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/28/02*

**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** ☒ Delete  
 NAME **KHOURY, RUSSELL**  
 STREET ADDRESS **7024 CHESAPEAKE CIRCLE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33462**

TITLE **D** ☐ Change ☒ Addition  
 NAME **FRANK, GEORGE**  
 STREET ADDRESS **1219 SW 22 AVE**  
 CITY-ST-ZIP **BOYNTON BCH, FL 33426**

TITLE **DP** ☐ Delete  
 NAME **LINGREN, CHARLES**  
 STREET ADDRESS **12492 PLEASANT GREEN WAY**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **LINGEN** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☒ Delete  
 NAME **RODRIGUEZ, LUIS**  
 STREET ADDRESS **3047 NW 91 AVENUE APT # 203**  
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **CONSTANTINE, ELIZABETH**  
 STREET ADDRESS **4750 S. OCEAN BLVD APT #902**  
 CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **DT** ☐ Delete  
 NAME **WILLIAMS, ROBERT**  
 STREET ADDRESS **6791 BRIDLEWOOD CT**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
 NAME **PERRAS, NELLIE**  
 STREET ADDRESS **10470 GOLD LEAF DRIVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert Y Williams*

**ROBERT Y. WILLIAMS**

*4/29/02*

*954/421/4290*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)