

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90435 031 \*\*\*\*61.25

**DOCUMENT # N96000003215**

1. Entity Name

**NEW HOPE, NEW FAITH CHURCH OF OUR LORD JESUS CHR  
 IST, INC.**

Principal Place of Business

Mailing Address

**1624 "E" AVENUE  
 RIVIERA BEACH FL 33404**

**1624 "E" AVENUE  
 RIVIERA BEACH FL 33404**

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

**65-0664426**

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

**DAVIS, LEROY PASTOR  
 638 38TH STREET  
 WEST PALM BEACH FL 33407**

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

**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 NAME ☐ Delete  
**PDT**  
**DAVIS, ETTA**  
 STREET ADDRESS **638 38TH ST.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE NAME ☐ Delete  
**D**  
**ROBINSON, COREY**  
 STREET ADDRESS **641 W 9TH ST #B**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE NAME ☐ Delete  
**S**  
**SMITH, VICKIE**  
 STREET ADDRESS **1412 W 29TH ST #1**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE NAME ☐ Delete  
**E**  
**HOLMES, LEO VAN**  
 STREET ADDRESS **420 W. 32ND STREET**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE NAME ☐ Delete  
**D**  
**SHEARD, JAMES**  
 STREET ADDRESS **507 RINE PINE LAKES**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**

**2/21/02 (561)844-3694**

CR2E037 (9/01)