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

Mar 24, 2003 8:00 am Secretary of State DOCUMENT # N9600003215 03-24-2003 90175 045 ****61.25 NEW HOPE, NEW FAITH CHURCH OF OUR LORD JESUS CHR Principal Place of Business Mailing Address 1624 "E" AVENUE 1624 "E" AVENUE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 1624 AUC "E" "E" 1624 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Rity & State 4. FEI Number 65-0664426 Beac Applied For Not Applicable Country 33404 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent Sane DAVIS, LEROY PASTOR Street Address (P.O. Box Number is Not Acceptable) 638 38TH STREET WEST PALM BEACH FL 33407 City 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PDT Delete TITLE ☐ Change NAME ☐ Addition DAVIS, ETTA DAVIS, ETTA-638 38 th street NAME STREET ADDRESS 638 38TH ST. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP West, PAIM Bruch, FL 3348 TITLE Delete TITLE ☐ Change NAME ☐ Addition ROBINSON, COREY NAME STREET ADDRESS 641 W 9TH ST #B STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP Same Delete TITLE ☐ Addition SMITH, VICKIE NAME NAME STREET ADDRESS 1412 W 29TH ST #1 STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP Same TITLE Delete TITLE ☐ Change NAME HOLMES, LEO VAN ☐ Addition NAME STREET ADDRESS **420 W. 32ND STREET** STREET ADDRESS CITY-ST-7IP RIVIERA BEACH FL 33404 CITY-ST-ZIP Same TITLE Delete TITLE NAME Same ☐ Change ☐ Addition SHEARD, JAMES NAME STREET ADDRESS **507 RINE PINE LAKES** STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 eath; 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:

FILED