

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90014 018 ****61.25

DOCUMENT # N97000005092

1. Entity Name

NEW HOPE UNITED METHODIST CHURCH, INC.

Principal Place of Business

**12725 ISTACHATTA ROAD SOUTH
 FLORAL CITY FL 34436**

Mailing Address

**P.O. BOX 43
 ISTACHATTA FL 34636
 US**

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

59-6142472

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

**FRIES, JOHN
 12725 ISTACHATTA ROAD SOUTH
 FLORAL CITY FL 34436**

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	DP	<input type="checkbox"/> Delete
NAME	FRIES, JOHN	
STREET ADDRESS	7487 AZELEA	
CITY-ST-ZIP	FLORAL CITY FL 32636	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PFEIFFER, JIM	
STREET ADDRESS	9751 LAZY OAK	
CITY-ST-ZIP	FLORAL CITY FL 34636	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ZICKO, RON	
STREET ADDRESS	13339 ISTACHATTA ROAD SOUTH	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE