

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006716

1. Entity Name

NEW HOPE CHRISTIAN CHURCH OF ARCADIA INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90073 041 ****61.25

Principal Place of Business

Mailing Address

1627 NE FLORIDIAN CIR
ARCADIA FL 34265

P O BOX 430
ARCADIA FL 34265-0430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3468283

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

ERVIN, JAMES H
5673 S W HWY 17
NOCATEE FL 34268

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 CTR ☐ Delete
NAME NIPPER, L B
STREET ADDRESS 2371 NE HWY 31, LOT 86
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE T ☐ Delete
NAME ERVIN, JAMES H
STREET ADDRESS 5673 S.W. HWY 17
CITY-ST-ZIP NOCATTEE FL 34268

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

TITLE TR ☐ Delete
NAME MEDLEY, JOE
STREET ADDRESS 7895 N.E. HWY 17, B-27
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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: James H Ervin 3/6/00 (863) 494-3872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)