2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000006716 1. Entity Name Name

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

NEW HOPE CHRISTIAN CHURCH OF ARCADIA INC.							05-29-2002 93600 041 ****61.25				
Principal Plac	e of Rusiness		Mailing	Address	•						
Principal Place of Business 1627 NE FLORIDIAN CIR ARCADIA FL 34265			P O BOX 430 ARCADIA FL 34265			ļ					
					• *	s.c	 	E K iri n i a nak i a nak i a nak i	18141 88118 81141 19881 111		
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City			4. FEI Number 59-3468283		— — —	Applied For Not Applicable		
Zip		Country	Zip		Country		5. Certificate of Sta	itus Desired	\$8.75 Adv	titional	
6. Name and Address of Current Registered Agent						l	7. Name and Addr		tered Agent		
					Name			~~~ ——————————————————————————————————			
DUNCAN,		_			Street A	Address (F	P.O. Box Number is N	ot Acceptable)			
2988 SW WALLIS AVE ARCADIA FL 34266							·.				
ANDADIA FE 34200					City			**	FL Zip Cod	е	
8. The above	named entity	submits this statement t	for the purpo	ose of changing its re	egistered office o	r registere	ed agent, or both, in t	he state of Florida.	1,		1
1											
SIGNATURE	Lla	my surce	<u> </u>	DEAN	DUNCAN			May 19	2002		
	Signature, typed	or printed name of registered ager	nt and title if appli	icable. (NOTE:	Registered Agent signat	ture required	when reinstating)	(/ /	DATÉ		
€ 	FILE NOW	: FEE IS \$61.25		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		Check Payable entment of Stat		
10.		OFFICERS AND D	DIRECTORS					S TO OFFICERS A	ND DIRECTORS IN	l 10	١.
TITLE	TR THOMED				11.	A	ADDITIONS/CHANGE	S TO OFFICERS A	IND DIRECTORS II) ÷
NAME STREET ADDRESS				☑ Delete	тітьє Т	Ĭ	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	18
CITY-ST-ZIP	TURNER, I 2913 SW \	EM		☑ Delete	TITLE T NAME	JENN 5693	NIE M. MARTI 3 NW CR 661	:N		Addition	0/0/20
0111-31-ZIF		.EM Nallis ave		⊠ Delete	тітьє Т	JENN 5693	NIE M. MARTI	:N		₹ Addition	0/0/ /2010
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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.

DEAN DUNCAN

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

May 19, 2002 863-993-2528