

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90164 034 ****61.25

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1. Entity Name

NEW HOPE CHRISTIAN CHURCH OF ARCADIA INC.



Principal Place of Business

**1627 NE FLORIDIAN CIR
ARCADIA FL 34265**

Mailing Address

**P O BOX 430
ARCADIA FL 34265**

2. Principal Place of Business

3877 HIGHWAY 70 NW

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ARCADIA, FL 34266

City & State

4. FEI Number **59-3468283**

Applied For

Not Applicable

Zip

34266

Country

DESOTO

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

**DUNCAN, DEAN
2988 SW WALLIS AVE
ARCADIA FL 34266**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JENNIE M	
STREET ADDRESS	5693 NW CR 661	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAUER, PEGGY A	
STREET ADDRESS	1445 NE LEISURE AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MEDLEY, JOE	
STREET ADDRESS	7895 N.E. HWY -17-B-27	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	CTR	<input type="checkbox"/> Delete
NAME	DUNCAN, DEAN	
STREET ADDRESS	2988 SW WALLIS AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	EMBURY, WENDELL	
STREET ADDRESS	208 W GIBSON STREET	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	EMBURY, WENDELL	
STREET ADDRESS	208 W GIBSON STREET	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DEAN	
STREET ADDRESS	2988 SW WALLIS AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIPPER, LB	
STREET ADDRESS	29200 JONES LOOP ROAD #307	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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: *Farrrell D. Duncan* **FARRRELL D. DUNCAN** 4-14-03 993-2528

CR2E037 (10/02)