

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91764 048 ****61.25

DOCUMENT # N98000000031

1. Entity Name

NEW HOPE WORSHIP CENTER MINISTRIES, INC.



Principal Place of Business

**6588A MIRAMAR PARKWAY
MIRAMAR FL 33023**

Mailing Address

**P.O. BOX 3697
HOLLYWOOD FL 33083-3697**

2. Principal Place of Business

6855 B MIRAMAR PARKWAY

3. Mailing Address

13351 SW 21ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33023

Country

Zip

33027

Country

4. FEI Number **65-0803505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMAS, MICHAEL
14618 KEYLIME BLVD.
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **MICHAEL THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

13351 SW 21ST ST.

City **MIRAMAR**

FL

Zip Code

33027

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

5/1/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL	
STREET ADDRESS	14618 KEYLIME BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MALVA	
STREET ADDRESS	14618 KEYLIME BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNE, DEWITH	
STREET ADDRESS	6720 S.W. 26TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13351 SW 21ST ST	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13351 SW 21ST ST.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
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		<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 a power of attorney, or otherwise empowered.

SIGNATURE

SIGNATURE REQUIRED

5/1/03

CR2E037 (10/02)