

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002115

1. Entity Name

NEW HOPE CHURCH OF GOD, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90136 016 ****70.00

Principal Place of Business		Mailing Address	
910 PARSON AVE. SEFFNER FL 33584		11721 RHODINE RD. RIVERVIEW FL 33569-7723	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3503822** Applied For ☐ Not Applied ☐

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

JACKSON, DOROTHY LEE
11721 RHODINE RD.
RIVERVIEW FL 33569

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, DOROTHY L	
STREET ADDRESS	11721 RHODINE RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, LILLIE J	
STREET ADDRESS	6010 S 82 ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, MAEOLA V	
STREET ADDRESS	2621 28TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	S.	<input type="checkbox"/> Delete
NAME	DOE, LEALER M	
STREET ADDRESS	2008 E MULBERRY DR., APT. B	
CITY-ST-ZIP	TAMPA FL 33604	
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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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:

Dorothy Lee Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2000

Date

Daytime Phone #