

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90219 035 \*\*\*\*70.00

**DOCUMENT # N98000002115**

1. Entity Name

**NEW HOPE CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**910 PARSON AVE.  
 SEFFNER FL 33584**

**11721 RHODINE RD.  
 RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3503822**

Applied For

Not Applicable

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: *Dorothy L. Jackson*

*Dorothy L. Jackson*

*1-21-01*

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

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 L. Jackson* **DOE, DOROTHY L. JACKSON** *1-21-01* **677-4179**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)