

**NOT-FOR-PROFIT CORPORATION.
UNIFORM BUSINESS REPORT (UBR)**

APPLIC.
AND
FILED

06 JUN 15 AM 10:13


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSK

DO NOT WRITE IN THIS SPACE

DOCUMENT # *N99000002115*

1. Entity Name



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NEW HOPE CHURCH OF GOD, INC.
Suite, Apt. #, etc.
910 PARSON AVE

3. Mailing Address
Suite, Apt. #, etc.
PO BOX 2052

City & State
SEFFNER FL

City & State
SEFFNER, FL

Zip
33584

Country

Zip
33584

Country

4. FEE Number
59-3503822

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
DOROTHY LEE JACKSON

Street Address (P.O. Box Number is Not Acceptable)
11721 RHODINE ROAD

City
RIVERVIEW, FL

FL Zip Code
33569

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 *Pastor Dorothy Lee Jackson*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor Dorothy L. Jackson 11721 Rhodine Rd. Riverview FL 33569</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000076403340 06/21/06--01004--020 **75.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deacon Sterling K Jackson 3011 N 68th St Tampa FL 33619</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Leah Doe 6802 N 50th St Tampa FL 33610</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Lee Jackson - Dorothy LEE JACKSON* *May 1, 2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Us/Time Phone #

CR2E0378 (12/02)