

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90227 015 ****70.00

DOCUMENT # N98000002115


1. Entity Name
NEW HOPE CHURCH OF GOD, INC.



Principal Place of Business 910 PARSON AVE. SEFFNER FL 33584	Mailing Address 11721 RHODINE RD. RIVERVIEW FL 33569
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAME	City & State SAME
Zip SAME	Country SAME



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3503822	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, DOROTHY LEE 11721 RHODINE RD. RIVERVIEW FL 33569	7. Name and Address of New Registered Agent 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: *Dorothy Lee Jackson*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, DOROTHY L		NAME	
STREET ADDRESS 11721 RHODINE RD		STREET ADDRESS	
CITY-ST-ZIP RIVERVIEW FL 33569		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, LILLIE J		NAME	
STREET ADDRESS 6010 S 82 ST		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33619		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, MAEOLA V		NAME	
STREET ADDRESS 2621 28TH AVE		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33605		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOE, LEALER M		NAME	
STREET ADDRESS 2008 E MULBERRY DR., APT. B		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33604		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANKERSON, HELEN		NAME	
STREET ADDRESS 5308 Plum Ave		STREET ADDRESS	
CITY-ST-ZIP Seffner, FL 33584		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* *April 4, 03 - 813-677-4658*

CR2E037 (10/02)