

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90038 019 ****61.25

DOCUMENT # N98000005950
 1. Entity Name
NEW HOPE COMMUNITY CHURCH OF CENTRAL BREVARD, IN

Principal Place of Business C/O REV. JOHN F. DOCTOR 1455 VICTORIA BLVD ROCKLEDGE FL 32955	Mailing Address C/O REV. JOHN F. DOCTOR 1455 VICTORIA BLVD ROCKLEDGE FL 32955-4315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 940 South Rockledge Blvd.	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc. #266	Suite, Apt. #, etc.
City & State Rockledge, FL	City & State
Zip 32955	Country USA

4. FEI Number 65-3536874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DOCTOR, JOHN F REV
 C/O REV. JOHN F. DOCTOR
 1455 VICTORIA BLVD
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 *Pastor John F. Doctor* **Pastor John F. Doctor** 2/5/2000
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOCTOR, JOHN F 1455 VICTORIA BOULEVARD ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOCTOR, CAROL 1455 VICTORIA BOULEVARD ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAINS, EVEANN 1920-76 WOODHAVEN CIRCLE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete <i>got married and moved to →</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODKE, PAUL 1121 WOODSMERE PARKWAY ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Palmer, Eveann 1716 Hubbard Drive Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pastor John F. Doctor* **Pastor John F. Doctor** 2/5/2000 (321)433-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #