

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90143 049 ****61.25

DOCUMENT # N98000005950

1. Entity Name

NEW HOPE COMMUNITY CHURCH OF CENTRAL BREVARD, IN

Principal Place of Business

Mailing Address

**940 S. ROCKLEDGE BLVD
 #266
 ROCKLEDGE FL 32955**

**C/O REV. JOHN F. DOCTOR
 1455 VICTORIA BLVD
 ROCKLEDGE FL 32955**

2. Principal Place of Business

1455 VICTORIA Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, Florida

City & State

4. FEI Number

65-3536874

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

Country

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

**DOCTOR, JOHN F REV
 C/O REV. JOHN F. DOCTOR
 1455 VICTORIA BLVD
 ROCKLEDGE FL 32955**

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 Delete
 NAME **PD DOCTOR, JOHN F**
 STREET ADDRESS **1455 VICTORIA BOULEVARD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DOCTOR, CAROL**
 STREET ADDRESS **1455 VICTORIA BOULEVARD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PALMER, EVEANN**
 STREET ADDRESS **1716 HUBBARD DR**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD GODKE, PAUL**
 STREET ADDRESS **1121 WOODSMERE PARKWAY**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

John F. Doctor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 (321) 433-1229
 Date Daytime Phone #

CR2E037 (10/00)