

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006535

1. Entity Name

NEW HOPE TABERNACLE OF JOY INC.

Principal Place of Business

2705 E. HANNA AVE
A-1
TAMPA FL 33610

Mailing Address

3717 E. DELEUIL AVE.
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605535

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

SINGLETARY-SCOTT, DEBRA
3717 E. DELEUIL AVENUE
TAMPA FL 33610

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
After September 12, 2001, min. will be \$236.25

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	PP	<input type="checkbox"/> Delete
NAME	SCOTT, HAROLD R	
STREET ADDRESS	3717 E. DELEUIL AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHARECA L	
STREET ADDRESS	6805 SEAPORT AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	ASA	<input type="checkbox"/> Delete
NAME	GOINS, ANGIE	
STREET ADDRESS	3717 E. DELEUIL AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DDM	<input type="checkbox"/> Delete
NAME	AKINES, EUGENE	
STREET ADDRESS	8205 PALM AVE SOUTH	
CITY-ST-ZIP	TAMPA FL 33685	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANELS, JOHNNY	
STREET ADDRESS	8508 GOLDEN RIDGE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	CPDS	<input type="checkbox"/> Delete
NAME	SINGLETARY-SCOTT, DEBRA	
STREET ADDRESS	3717 E. DELEUIL AVE	
CITY-ST-ZIP	TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debra Singletary-Scott 8-29-01

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90043 041 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)