

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90189 031 \*\*\*\*61.25

**DOCUMENT # N99000007011**

1. Entity Name

**NEW SONG COMMUNITY CHURCH, INC.**



Principal Place of Business

**4438 PARKWAY COMMERCE BLVD  
ORLANDO FL 32808**

Mailing Address

**4438 PARKWAY COMMERCE BLVD  
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

**212 Torpoint Gate Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Longwood, FL**

Zip

Country

Zip

Country

**32779**

4. FEI Number **59-3616534**

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

**HOAG, JASON  
894 LICARIA DR.  
OCOE FL 34761**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HOAG, JASON**  
STREET ADDRESS **894 LICARIA DR.**  
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **HURST, NATHAN**  
STREET ADDRESS **1707 MONA DR.**  
CITY-ST-ZIP **OCOE FL 32818**

TITLE ☐ Change ☐ Addition  
NAME **Hurst, Nathan**  
STREET ADDRESS **509 B' SO Main Street**  
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **STD** ☐ Delete  
NAME **TRILLER, PAUL J**  
STREET ADDRESS **272 TORPOINT GATE ROAD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

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:

**SIGNATURE REQUIRED**

**1-13-03 407/375-7243**

CR2E037 (10/02)