

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007123

1. Entity Name

NEW HOPE MINISTRY OF SALVATION CHURCH, INC.

Principal Place of Business

4000 W FAIRFIELD DR  
PENSACOLA FL 32505

Mailing Address

P O BOX 6331  
PENSACOLA FL 32503

2. Principal Place of Business

4000 W FAIRFIELD DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6331

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA FL

Zip

32505

Country

U.S.A.

Zip

32505

Country

U.S.A.

6. Name and Address of Current Registered Agent

GARDNER, ZETTIE  
1732 SAVAGE LN  
PENSACOLA FL 32505

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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.

SIGNATURE GARDNER, ZETTIE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

6.125  
875  
70.00 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 PD  
NAME SAVAGE, J L  
STREET ADDRESS P O BOX 6331  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE DV  
NAME CUTL, RICHARD  
STREET ADDRESS P O BOX 6331  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE DS  
NAME GARDNER, ZETTIE  
STREET ADDRESS P O BOX 6331  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE DT  
NAME SAVAGE, PEARLIE M  
STREET ADDRESS 1732 SAVAGE LN  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE D  
NAME MCMILLAN, CATHERINE  
STREET ADDRESS P O BOX 6331  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 [Signature]

1/14/02

850-478-1581

CR2E037 (9/01)