

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011204

**Entity Name:** NEW HOPE COMMUNITY CHURCH OF NORTH PORT INC.

**Current Principal Place of Business:**

5600 S. BISCAYNE DRIVE  
NORTH PORT, FL 34287

**FILED**  
**Jun 02, 2021**  
**Secretary of State**  
**9436703238CC**

**Current Mailing Address:**

PO BOX 7317  
NORTH PORT, FL 34290 US

**FEI Number:** 20-1954861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOLKENTHIN, KEITH  
5600 S. BISCAYNE DRIVE  
NORTH PORT, FL 34287 US

*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:** KEITH MOLKENTHIN, TREASURER

06/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CATERSON, JOHN EDGAR  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title ELDER  
Name DYCE, NIGEL  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title BOARD MEMBER  
Name RUIZ, ARQUELIO  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title BM  
Name GUARNIERI, JOE  
Address P.O. BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title BM  
Name SIZEMORE, MARY  
Address P.O. BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title ELDER  
Name THAO, MENG  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title BM  
Name VUE, MAI  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

Title SECRETARY  
Name GUARNIERI, JENNIFER  
Address PO BOX 7317  
City-State-Zip: NORTH PORT FL 34290

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY SIZEMORE

**ADMINISTRATOR**

06/02/2021

Electronic Signature of Signing Officer/Director Detail

Date