

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

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:

SIZEMORE, MARY ROSE
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: MARY ROSE SIZEMORE

06/07/2021

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 ADMINISTRATOR
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

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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 ROSE SIZEMORE

ADMINISTRATOR

06/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MOLKENTHIN, KEITH
Address PO BOX 7317
City-State-Zip: NORTH PORT FL 34290

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