

2022 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 03, 2022
Secretary of State
4018419452CC

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 DR
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

06/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name RZENGOTA, BRUCE PASTOR
Address PO BOX 7317
City-State-Zip: NORTH PORT FL 34290

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

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

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

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

Title BM
Name JORDAN, JOHN
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

06/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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