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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48946 (0)**
1. Corporation Name
NEW HOPE MISSION BAPTIST CHURCH AND DAY CARE, IN C.

Principal Place of Business Mailing Address
14236 COUNTY LINE ROAD HUDSON FL 34668 **14236 COUNTY LINE ROAD HUDSON FL 34668**

3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-3130341** Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
21 Suits, Apt. #, etc.	25 Suits, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROWN, EUGENE 3499 CLEAR SPRING ROAD SPRING HILL FL 34609		SHARPLEY, JOHN 4294 WELDON AVENUE SPRING HILL, FL 34609	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John L. Sharpley* DATE **4/20/95**
Signature (Typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when terminating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1 1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, EUGENE	1 2 NAME	SHARPLEY, JOHN
STREET ADDRESS	3499 CLEAR SPRING ROAD	1 3 STREET ADDRESS	4294 WELDON AVENUE
CITY ST ZIP	SPRING HILL FL 34609	1 4 CITY ST ZIP	SPRING HILL, FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	2 1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JOHN	2 2 NAME	WADE, JOHN
STREET ADDRESS	209 GALAXY AVENUE	2 3 STREET ADDRESS	209 GALAXY AVENUE
CITY ST ZIP	SPRING HILL FL 34606	2 4 CITY ST ZIP	SPRING HILL, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS	3 1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, CELIA D	3 2 NAME	PORTER, RUTH
STREET ADDRESS	2201 GRANDFATHER MOUNTAIN	3 3 STREET ADDRESS	4399 GONDOLIER ROAD
CITY ST ZIP	SPRING HILL FL 34608	3 4 CITY ST ZIP	SPRING HILL, FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARGARET	4 2 NAME	ANTHONY, PHIFER
STREET ADDRESS	12044 ELGIN BLVD.	4 3 STREET ADDRESS	2009 BRIDADIER DRIVE
CITY ST ZIP	SPRING HILL FL 34608	4 4 CITY ST ZIP	SPRING HILL, FL 34608 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYREE, JIMMIE SR.	5 2 NAME	HILL, WILLIAM E.
STREET ADDRESS	1038 DRUID ROAD	5 3 STREET ADDRESS	10398 BEDFORD ROAD
CITY ST ZIP	SPRING HILL FL 34606	5 4 CITY ST ZIP	SPRING HILL, FL 34608 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT	6 2 NAME	JENNINGS, ROBERT
STREET ADDRESS	1315 OVERLAND DRIVE	6 3 STREET ADDRESS	15311 WOODCREST ROAD
CITY ST ZIP	SPRING HILL FL 34608	6 4 CITY ST ZIP	BROOKSVILLE, FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John L. Sharpley* DATE **4/20/95** **9047688-5259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR