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APPROVED AND FILED

95 MAY - 1 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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****130.00 ****130.00**

DO NOT WRITE IN THIS SPACE

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

21. Suits, Apt. #, etc. 25. Suits, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Quantity 29. Quantity 30. Quantity

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BROWN, EUGENE
3499 CLEAR SPRING ROAD
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81. Name **SHARPLEY, JOHN**

82. Street Address (P.O. Box Number is Not Acceptable) **4294 WELDON AVENUE**

83. City **SPRING HILL, FL** 85. Zip Code **34609**

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	NAME BROWN, EUGENE	11 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3499 CLEAR SPRING ROAD	CITY ST ZIP SPRING HILL FL 34609	12 NAME SHARPLEY, JOHN	
TITLE VPD	NAME WADE, JOHN	13 STREET ADDRESS 4294 WELDON AVENUE	
STREET ADDRESS 209 GALAXY AVENUE	CITY ST ZIP SPRING HILL FL 34606	14 CITY ST ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME GIBSON, CELIA D	21 TITLE VPD	
STREET ADDRESS 2201 GRANDFATHER MOUNTAIN	CITY ST ZIP SPRING HILL FL 34608	22 NAME WADE, JOHN	
TITLE D	NAME ADAMS, MARGARET	23 STREET ADDRESS 209 GALAXY AVENUE	
STREET ADDRESS 12044 ELGIN BLVD.	CITY ST ZIP SPRING HILL FL 34608	24 CITY ST ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME MYREE, JIMMIE SR.	31 TITLE DS	
STREET ADDRESS 1038 DRUID ROAD	CITY ST ZIP SPRING HILL FL 34606	32 NAME PORTER, RUTH	
TITLE D	NAME WILLIAMS, ROBERT	33 STREET ADDRESS 4399 GONDOLIER ROAD	
STREET ADDRESS 1315 OVERLAND DRIVE	CITY ST ZIP SPRING HILL FL 34608	34 CITY ST ZIP SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HILL, WILLIAM E.	41 TITLE D	
STREET ADDRESS 10398 BEDFORD ROAD	CITY ST ZIP SPRING HILL, FL 34608	42 NAME ANTHONY, PHIFER	
TITLE D	NAME JENNINGS, ROBERT	43 STREET ADDRESS 2009 BRIDADIER DRIVE	
STREET ADDRESS 15311 WOODCREST ROAD	CITY ST ZIP BROOKSVILLE, FL 34609	44 CITY ST ZIP SPRING HILL, FL 34608	<input checked="" 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** 904-7688-5259