

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 14236 COUNTY LINE ROAD HUDSON FL 34668  
Mailing Address: 14236 COUNTY LINE ROAD HUDSON FL 34668

3. Date Incorporated or Qualified: 05/18/1992  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number 59-3130341	Applied For <input type="checkbox"/> Not Applicable			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHARPLEY, JOHN 4294 WEDON AVE. SPRING HILL FL 34609				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP SHARPLEY, JOHN 4294 WELDO NAVE.G ROAD SPRING HILL FL 34609	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPLEY, JOHN	1.2 NAME	
STREET ADDRESS	4294 WELDO NAVE.G ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	1.4 CITY-ST-ZIP	
TITLE	VPO WADE, JOHN 209 GALAXY AVENUE SPRING HILL FL 34606	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, JOHN	2.2 NAME	
STREET ADDRESS	209 GALAXY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	DS PORTER, RUTH 4399 GONDOLIER RD. SPRING HILL FL 34608	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, RUTH	3.2 NAME	
STREET ADDRESS	4399 GONDOLIER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	
TITLE	D PHIFER, ANTHONY 2009 BRIDADIER DR. SPRING HILL FL 34608	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIFER, ANTHONY	4.2 NAME	
STREET ADDRESS	2009 BRIDADIER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	4.4 CITY-ST-ZIP	
TITLE	D HILL, WILLIAM E. 10398 BEDFORD ROAD SPRING HILL FL 34608	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, WILLIAM E.	5.2 NAME	
STREET ADDRESS	10398 BEDFORD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	5.4 CITY-ST-ZIP	
TITLE	D JENNINGS, ROBERT 15311 WOODCREST RD BROOKSVILLE FL 34609	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ROBERT	6.2 NAME	
STREET ADDRESS	15311 WOODCREST RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34609	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *John L. Sharpley*  
JOHN L. SHARPLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: FEB 5, 1996 (352) 688-5259  
Daytime Phone #

CR2E037 (12/95)