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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48946

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL  
, INC.

Principal Place of Business

14236 COUNTY LINE ROAD  
HUDSON FL 34668

Mailing Address

14236 COUNTY LINE ROAD  
HUDSON FL 34668



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number

59-3130341

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75-Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SHARPLEY, JOHN  
4294 WEDON AVE.  
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *John Sharpley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DVP  DELETE

NAME SHARPLEY, JOHN  
STREET ADDRESS 4294 WELDO NAVE.G ROAD  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VPD  DELETE

NAME WADE, JOHN  
STREET ADDRESS 209 GALAXY AVENUE  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE DS  DELETE

NAME PORTER, RUTH  
STREET ADDRESS 4399 GONDOLIER RD.  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D  DELETE

NAME PHIFER, ANTHONY  
STREET ADDRESS 2009 BRIDADIER DR.  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D  DELETE

NAME HILL, WILLIAM E.  
STREET ADDRESS 10398 BEDFORD ROAD  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D  DELETE

NAME JENNINGS, ROBERT  
STREET ADDRESS 15311 WOODCREST RD  
CITY-ST-ZIP BROOKSVILLE FL 34609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *John Sharpley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99  
Date

352-688-5259  
Daytime Phone #

CR2E037 (1/98)