

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 12 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N48946

1. Corporation Name

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

2. Principal Office Address

14236 COUNTY LINE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

14236 COUNTY LINE ROAD

Suite, Apt. #, etc.

City & State

HUDSON, FLORIDA

City & State

HUDSON, FLORIDA

Zip

34667-6467

Country

Zip

34667-6467

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1992

5. FEI Number

59-3130341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT E. DRAYTON

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

11345 COPLEY COURT

Suite, Apt. #, Etc.

100040318441  
08/19/04--01013--008 \*\*61.25

City

SPRING HILL

State

FL

Zip Code

34609-9673

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Robert E. Drayton*

REGISTERED AGENT MUST SIGN

Date *2 July 2004*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	MR. RONALD BROWDY	12042 VILLA ROAD	SPRING HILL, FL. 34609
D	MR. BIRTRAM TELMAN	136 CENTER OAK CIRCLE	SPRING HILL, FL. 34609
T	MS. LESLIE ROSARIO	7423 TANAWANDA TRIAL	SPRING HILL, FL. 34606
T	MS. JACQUELINE JOYNER	11311 FOX RUN DRIVE	PORT RICHEY, FL. 34668
T	MR. ROBERT DRAYTON	11345 COPLEY COURT	SPRING HILL, FL. 34609
D	MR. LESTER SCARBOROUGH	11443 FERENDINA WAY	SPRING HILL, FL. 34609

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Ronald Browdy*

RONALD BROWDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 JULY 2004

Date

(727) 856-8336

Daytime Phone #

CR2E081 (01/04)