


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90188 032 \*\*\*\*61.25

<b>DOCUMENT # N48946</b>					
1. Entity Name <b>NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL., INC.</b>					
Principal Place of Business <b>14236 COUNTY LINE ROAD HUDSON, FL 34667-6467</b>			Mailing Address <b>14236 COUNTY LINE ROAD HUDSON, FL 34667-6467</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3130341</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DRAYTON, ROBERT 11345 COPLEY COURT SPRING HILL, FL 34609</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reappointing) DATE /</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWDY, RONALD		NAME	DYANNE BURNS CRAIG	
STREET ADDRESS	12042 VILLA ROAD		STREET ADDRESS	17434 MAGGIE COURT	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	SPRING HILL, FL. 34610	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELMAN, BIRTRAM		NAME		
STREET ADDRESS	136 CENTER OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, LESLIE		NAME		
STREET ADDRESS	7423 TANAWANDA TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, JACQUELINE		NAME		
STREET ADDRESS	11311 FOX RUN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34668		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, ROBERT		NAME		
STREET ADDRESS	11345 COPLEY COURT		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, LESTER		NAME		
STREET ADDRESS	11443 FERENDINA WAY		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MR. ROBERT E. DRAYTON</u> TRUSTEE			12 APRIL 2006 (727) 856 8336		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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