


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90059 033 ****61.25

DOCUMENT # N48946					
1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL., INC.					
Principal Place of Business 14236 COUNTY LINE ROAD HUDSON, FL 34667-6467		Mailing Address 14236 COUNTY LINE ROAD HUDSON, FL 34667-6467			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3130341	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAWLINS, ROBBIN 7388 HOLIDAY DR SPRING HILL, FL 34606			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 obligations of registered agent.					
SIGNATURE <i>Robb Rawlins</i>		<i>Robbin Rawlins</i>		DATE <i>4/11/08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Chesteen, Larry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWDY, RONALD		NAME	5399 FAIRHAVEN AVE	
STREET ADDRESS	12042 VILLA ROAD		STREET ADDRESS	SPRINGHILL, FL 34608	
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	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	KING, SANDRA		NAME		
STREET ADDRESS	11971 LINDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	D	<input checked="" 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		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINS, ROBBIN		NAME		
STREET ADDRESS	7388 HOLIDAY DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: <i>Robb Rawlins</i>		<i>Robbin Rawlins</i>		DATE <i>4/11/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>727-856-8336</i>	