


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90150 030 \*\*\*\*61.25

**DOCUMENT # N48946**

1. Entity Name  
**NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL  
., INC.**




Principal Place of Business      Mailing Address  
**14236 COUNTY LINE ROAD      14236 COUNTY LINE ROAD  
HUDSON FL 34668                  HUDSON FL 34668**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State

Zip      Country                  Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3130341**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DRAYTON, ROBERT  
11345 COPLEY COURT  
SPRING HILL FL 34609**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing      **\$5.00 May Be**  
Trust Fund Contribution.            **Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DRAYTON, ROBERT</b>
STREET ADDRESS	<b>11345 COPLEY COURT OAD</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TELMAN, BIRTRAM</b>
STREET ADDRESS	<b>5119 SILHOUETTE COURT</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PORTER, RUTH</b>
STREET ADDRESS	<b>4399 GONDOLIER RD.</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PHILLIP, JUDITH</b>
STREET ADDRESS	<b>6021 NOCKLYN ROAD</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34609</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JONES, TONYA</b>
STREET ADDRESS	<b>10549 WOODLAND WATERS BLVD.</b>
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34613</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Ms Robert Drayton      **ROBERT DRAYTON**      20 JAN 2003      (727) 856 8336

CR2E037 (10/02)