

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726064

**FILED**  
**Aug 31, 2004**  
**Secretary of State****Entity Name:** HOPE BAPTIST CHURCH, INC., OF FOREST CITY, FLORIDA**Current Principal Place of Business:**129 S WEKIWA SPRINGS RD  
APOPKA, FL 32703**New Principal Place of Business:****Current Mailing Address:**129 S WEKIWA SPRINGS RD  
APOPKA, FL 32703**New Mailing Address:****FEI Number:** 59-6514882**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HADLEY, RAYMOND  
133 S WEKIWA SPRINGS RD  
APOPKA, FL 32703**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HADLEY,(REV) RAYMOND,  
Address: 133 S WEKIWA SPRINGS RD  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: HINES, MARGERY C.,  
Address: 646 ACAPULCO WAY  
City-St-Zip: ALTAMONTE SPG., FL 32714

Title: TD ( ) Delete  
Name: WILKINS, STEVEN D  
Address: 2641 RAMSEY DR  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WILKINS, WILLIAM  
Address: 2641 RAMSEY DR  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND HADLEY

P/D

08/31/2004

Electronic Signature of Signing Officer or Director

Date