# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# 726064

**Entity Name:** HOPE BAPTIST CHURCH, INC., OF FOREST CITY, FLORIDA

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 129 S WEKIWA SPRINGS RD<br>APOPKA, FL  32703 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 129 S WEKIWA SPRINGS RD<br>APOPKA, FL  32703 | |

FEI Number: 59-6514882          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| HADLEY, RAYMOND B REV.<br>133 S WEKIWA SPRINGS RD<br>APOPKA, FL  32703    US | |

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:   REV. RAYMOND B. HADLEY

Electronic Signature of Registered Agent                                                              Date

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:       PD         ( ) Delete<br>Name:      HADLEY, RAYMOND B REV.<br>Address:   133 S WEKIWA SPRINGS RD<br>City-St-Zip:   APOPKA, FL  32703 | Title:                          ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title:       SD         ( ) Delete<br>Name:      WILKINS, WILLIAM<br>Address:   2641 RAMSEY DR<br>City-St-Zip:   APOPKA, FL  32703 | Title:                          ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |
| Title:       TD         ( ) Delete<br>Name:      WILKINS, STEVEN D<br>Address:   2641 RAMSEY DR<br>City-St-Zip:   APOPKA, FL  32703 | Title:                          ( ) Change  ( ) Addition<br>Name:<br>Address:<br>City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:   REV. RAYMOND B. HADLEY                                        PD                         10/06/2006

Electronic Signature of Signing Officer or Director                                                          Date