


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 719294 1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF ORLANDO, INC.	
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Principal Place of Business OF ORLANDO INC 1900 WAUKULA WAY ORLANDO, FL 32839-3328	Mailing Address OF ORLANDO INC 1900 WAUKULA WAY ORLANDO, FL 32839-3328
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**DO NOT WRITE IN THIS SPACE**



08152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2916631	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  JOHNS, FORD 2925 FRONTIER DR KISSIMMEE, FL 34744	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000377458 08/31/05-80003-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS FOREST C DELEGATE / DECEASED 801 E MICHIGAN AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, JOHNS 2925 FRONTIER DR. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D EVANS, JEANNETTE 801 E MICHIGAN AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, JOSEPHINE 2925 FRONTIER DR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNS, FORD 2925 FRONTIER DR. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: <u>Jeannette Evans Forester</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>407-423-0449</u> <small>Daytime Phone #</small>
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