


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90026 001 \*\*\*\*61.25

<b>DOCUMENT # 719294</b>	
1. Entity Name	
NEW HOPE MISSIONARY BAPTIST CHURCH OF ORLANDO, INC.	

Principal Place of Business	Mailing Address
OF ORLANDO INC 1900 WAUKULA WAY ORLANDO FL 32839-3328	OF ORLANDO INC 1900 WAUKULA WAY ORLANDO FL 32839-3328

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-2916631	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNS, FORD 2925 FONTIER DR KISSIMMEE FL 34744	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS FOREST C	NAME	
STREET ADDRESS	801 E MICHIGAN AVE	STREET ADDRESS	Deceased
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JOHNS	NAME	
STREET ADDRESS	2925 FRONTIER DR.	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	TREAS. / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JEANNETTE	NAME	Jeannette EVANS
STREET ADDRESS	801 E MICHIGAN AVE	STREET ADDRESS	801 E MICHIGAN ST
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	ORLANDO FL 32806
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JOSEPHINE	NAME	
STREET ADDRESS	2925 FRONTIER DR	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, FORD	NAME	
STREET ADDRESS	2925 FRONTIER DR.	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	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 Section 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: Jeannette Evans 02-13-2006 407-423-4043