

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729711 (2)

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF ENGLEWOOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2100 HWY. 776 ENGLEWOOD FL 34223	2100 HWY. 776 ENGLEWOOD FL 34223

3. Date incorporated or Qualified 05/20/1974	3a. Date of Last Report 03/24/1994
4. FEI Number 59-6533969	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEGROW, ANNIE J.
1469 E. MANASOTA ROAD
ENGLEWOOD FL 33533**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNING, MARILYN	1.2 NAME	
STREET ADDRESS	641 CITRUS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 0	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROW, ANNIE J.	2.2 NAME	
STREET ADDRESS	1469 E. MANASOTA ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD, FL 0	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, NED J.	3.2 NAME	
STREET ADDRESS	1587 E. MANASOTA ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, DONALD E.	4.2 NAME	
STREET ADDRESS	1358 JAMAICA ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONNIE	5.2 NAME	
STREET ADDRESS	397 CABANA ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANNIE J. DEGROW 4-26-95 1174-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Process