

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90006 008 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 729711**

1. Corporation Name  
**NEW HOPE MISSIONARY BAPTIST CHURCH OF ENGLEWOOD, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6533969	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEGROW, ANNIE J. 1469 E. MANASOTA ROAD ENGLEWOOD FL 33533				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Annie J. DeGrow* (NOTE: Registered Agent signature required when reinstating) DATE: *See*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Annie J DeGrow* 474  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *JULY 27-99* Daytime Phone # *4767*

CR2E037 (5/99)