

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90040 006 ****61.25

DOCUMENT # 730835

1. Entity Name
NEW HOPE BAPTIST CHURCH, INC.



Principal Place of Business
**9422 OLD TAMPA RD
PARRISH, FL 34219 US**

Mailing Address
**9422 OLD TAMPA RD
PARRISH, FL 34219 US**

60016721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6553913

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DODSON, JAMES
6116 61ST DRIVE E
PALMETTO, FL 34221**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DINSE, FREDERICK O JR.
STREET ADDRESS 4179 BANBURY CIRCLE
CITY-ST-ZIP PARRISH, FL 34219

TITLE SD ☐ Change ☒ Addition
NAME CORDES, ROBERT F.
STREET ADDRESS 4616 OLIVER MANOR COURT
CITY-ST-ZIP PARRISH, FL 34219

TITLE PD ☐ Delete
NAME DODSON, JAMES
STREET ADDRESS 6116 61ST DR. E
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME HICKS, J. BYRON
STREET ADDRESS 271 GARDENIA
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME OLIN, DONALD
STREET ADDRESS 4219 13TH STREET E
CITY-ST-ZIP ELLENTON, FL 34222

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MOORE, DENVER L
STREET ADDRESS 11818 71ST STREET E
CITY-ST-ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Dodson

Date

2/12/06

Daytime Phone #

(941) 776-8687