

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 16, 2007 08:00 AM  
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6553913

Applied For

Not Applicable

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

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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 DODSON, JAMES  
STREET ADDRESS 6116 61ST DR. E  
CITY - ST - ZIP PARRISH FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000670256  
CITY - ST - ZIP 03/27/07-80103-012 61.25

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 SD ☐ Delete  
NAME CORDES, ROBERT F  
STREET ADDRESS 4616 OLIVER MANOR CT  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

*James Dodson*  
JAMES DODSON

2/21/07

941

776-8687