

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730835

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NEW HOPE BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

9422 OLD TAMPA RD  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

9422 OLD TAMPA RD  
PARRISH, FL 34219 US

**New Mailing Address:**

FEI Number: 59-6553913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DODSON, JAMES  
6241 136TH TERRACE E  
PARRISH, FL 34219 US

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.

SIGNATURE: JAMES DODSON

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DODSON, JAMES  
Address: 6241 136 TERRACE E.  
City-St-Zip: PARRISH, FL 34219

Title: VD ( ) Delete  
Name: MOORE, DENVER L  
Address: 11818 71ST STREET E  
City-St-Zip: PARRISH, FL 34219

Title: SD ( ) Delete  
Name: CORDES, ROBERT F  
Address: 4616 OLIVER MANOR CT  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MASENGALE, DUANE  
Address: 12375 64TH STREET E  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES DODSON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date