

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 041 ****61.25

DOCUMENT # 734327 1. Entity Name NEW HOPE BAPTIST CHURCH OF HARDEE COUNTY, INC.					
Principal Place of Business 1999 STATE RD 64 E WAUCHULA, FL 33873 US			Mailing Address 1999 ST RD 64 E WAUCHULA, FL 33873 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1108967	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENDERSON, MAURICE 380 BOYD COWART RD WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, MAURICE		NAME		
STREET ADDRESS	380 BOYD COWART RD		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, BETTY		NAME		
STREET ADDRESS	380 BOYD COWART RD		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHACKELFORD, ROWLAND		NAME		
STREET ADDRESS	3256 SASSER RD		STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, GARY		NAME	T Kelly Durrance	
STREET ADDRESS	145 S. BARLOW RD		STREET ADDRESS	1314 Popash Rd	
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, WINSTON		NAME	TD Donnie Autry	
STREET ADDRESS	PO BOX 2437		STREET ADDRESS	1222 NW Aspen Lane	
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP	Wauchula, FL. 33873	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u>Maurice Henderson</u>		Maurice Henderson TD		1-5-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

1-863-773-2101