


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 734327</b>	
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
--	---

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1108967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HENDERSON, MAURICE 380 BOYD COWART RD WAUCHULA, FL 33873
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: 01/15/08

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	01/15/08-80057-015 61.25
---	--	--------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDERSON, MAURICE 380 BOYD COWART RD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, BETTY 380 BOYD COWART RD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAMMELL, JOHNNY 501 HOLLANDTOWN RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, WINSTON P.O. BOX 2437 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, DAMON 4048 JOHN CARLTON RD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Maurice Henderson Maurice Henderson 1-10-08 863-773-6337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #