

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734327

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** NEW HOPE BAPTIST CHURCH OF HARDEE COUNTY, INC.

**Current Principal Place of Business:**

1999 STATE RD 64 E  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

1999 ST RD 64 E  
WAUCHULA, FL 33873 US

**New Mailing Address:**

**FEI Number:** 59-1108967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDERSON, MAURICE  
380 BOYD COWART RD  
WAUCHULA, FL 33873 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HENDERSON, MAURICE,  
Address: 380 BOYD COWART RD  
City-St-Zip: WAUCHULA, FL

Title: S ( ) Delete  
Name: HENDERSON, BETTY,  
Address: 380 BOYD COWART RD  
City-St-Zip: WAUCHULA, FL

Title: TD ( ) Delete  
Name: TRAMMELL, JOHNNY  
Address: 501 HOLLANDTOWN RD  
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete  
Name: SMITH, WINSTON  
Address: P.O. BOX 2437  
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete  
Name: HUGHES, DAMON  
Address: 4048 JOHN CARLTON RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

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

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

Title: T (X) Change ( ) Addition  
Name: MACKEY, RICK  
Address: 1000 MAGNOLIA LAND  
City-St-Zip: WAUCHULA, FL 33873

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

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

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: MAURICE HENDERSON

TD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date