


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 737391	
1. Entity Name HOPE BAPTIST CHURCH OF THERESSA, INC.	

Principal Place of Business 3900 S.E. SR 100 STARKE, FL 32091	Mailing Address 3900 S.E. SR 100 STARKE, FL 32091
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2350316	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

COOPER, JOHN S.
 100 WEST CALL STREET
 STARKE, FL 32091

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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)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10000036698
 04/08/08-80037-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COONS, EUGENE V DR. 8775 SE 23RD AVE. STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR HERSEY, JOHN W 7959 SE 11TH AVE. STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENMARK, TERRY 7986 STATE ROAD 100 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SULLIVAN, PERCY E 1381 SE CR 18 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WHITE, DOYLE P.O. BOX 736 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Eugene V Coons 3/19/08 352-473-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #