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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 APR 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737495 (2)

**1. Corporation Name
NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.**

Principal Place of Business Mailing Address
SR-121 SR-121
P.O. BOX 174 P.O. BOX 174
LAGROSSE FL 32650 LAGROSSE FL 32650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1976** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-1723853** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HINES, MARY K
STATE RD 235
BROOKER FL 32622**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, MARY KATE	1.2 NAME	
STREET ADDRESS	RT 1 BOX 162	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, R G	2.2 NAME	
STREET ADDRESS	RT 1 BOX 165	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKER, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, JACK E	3.2 NAME	
STREET ADDRESS	RT 2 BOX 150 D	3.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, E.L	4.2 NAME	
STREET ADDRESS	1424 NW 7TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINSVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Kate Hines April 20, 1995 904-485-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY KATE HINES, STD