

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737495

1. Entity Name

NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY ASSOC

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90081 007 ****61.25

Principal Place of Business

Mailing Address

SR-121
 P.O. BOX 174
 LACROSSE FL 32658

SR-121
 P.O. BOX 174
 LACROSSE FL 32658-0174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1723853

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, MARY K
19714 NW 29TH TERR
BROOKER FL 32622

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	HINES, MARY KATE	
STREET ADDRESS	19714 NW 29TH TERR	
CITY-ST-ZIP	BROOKER FL 32622	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, R G	
STREET ADDRESS	RT 1, BOX 165	
CITY-ST-ZIP	BROOKER, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAZEN, JACK E	
STREET ADDRESS	RT 2 BOX 150 D	
CITY-ST-ZIP	STARKE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURVIS, E L	
STREET ADDRESS	1424 NW 7TH TERR	
CITY-ST-ZIP	GAINSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3026 W. SR 235	
CITY-ST-ZIP	BROOKER, FL 32622	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *MARY K HINES*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 352-485-1122
 Date Daytime Phone #

CR2E037 (9/99)