


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 737495			
1. Entity Name NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.			
Principal Place of Business SR-121 P.O. BOX 174 LACROSSE FL 32658		Mailing Address SR-121 P.O. BOX 174 LACROSSE FL 32658	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, MARY KATE	NAME	
STREET ADDRESS	19714 NW 29TH TERR	STREET ADDRESS	U00000292712
CITY-ST-ZIP	BROOKER FL 32622	CITY-ST-ZIP	04/07/05-80082-009 70.00
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, R G	NAME	
STREET ADDRESS	3026 W SR 235	STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL 32622	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, JACK E	NAME	
STREET ADDRESS	13870 SW 175 AVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL 32622	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 <i>Mary K. Hines, Treas</i>		Date: 4/6/2005 352-495-1122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



1st MOORE CR2E037 (10/04)