

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 737495

1. Entity Name

**NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1723853

Applied For

Not Applicable

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. 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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
HINES, MARY KATE
19714 NW 29TH TERR
BROOKER FL 32622** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000876517
04/11/08-80076-007 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
THOMAS, R G
3026 W SR 235
BROOKER FL 32622** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000876517
04/11/08-80076-007 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
HAZEN, JACK E
13870 SW 175 AVE
BROOKER FL 32622** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000876517
04/11/08-80076-007 61.25** ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary K. Hines - MARY K. HINES

3-28-08

352-485-1122