2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# 737495

Entity Name: NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

SR-121
CR 1493
LACROSSE, FL 32658

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1723853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HINES, MARY KATE
Address: 19714 NW 29TH TERR
City-St-Zip: BROOKER, FL 32622

Title: VD ( ) Delete
Name: THOMAS, R G
Address: 3026 W SR 235
City-St-Zip: BROOKER, FL 32622

Title: PD ( ) Delete
Name: HAZEN, JACK E
Address: 13870 SW 175 AVE
City-St-Zip: BROOKER, FL 32622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K, HINES STD 01/18/2009
Electronic Signature of Signing Officer or Director — Date