


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90101 028 \*\*\*\*61.25

**DOCUMENT # 737495**

1. Entity 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  
LACROSSE FL 32658      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

4. FEI Number **59-1723853**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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**

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HINES, MARY KATE</b>	
STREET ADDRESS	<b>19714 NW 29TH TERR</b>	
CITY-ST-ZIP	<b>BROOKER FL 32622</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, R G</b>	
STREET ADDRESS	<b>3026 W SR 235</b>	
CITY-ST-ZIP	<b>BROOKER FL 32622</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAZEN, JACK E</b>	
STREET ADDRESS	<b>RT 2 BOX 150 D</b>	
CITY-ST-ZIP	<b>STARKE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PURVIS, E.L</b>	
STREET ADDRESS	<b>1424 NW 7TH TERR</b>	
CITY-ST-ZIP	<b>GAINSVILLE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD HAZEN, JACK E</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1387D SW 175<sup>TH</sup> AVE</b>	
CITY-ST-ZIP	<b>BROOKER, FL 32622</b>	
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 KATE HINES*      SIGNATURE: *JACK E HAZEN*      4/7/03 352-485-1122

CR2E037 (10/02)