

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

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90060 037 ****61.25

DOCUMENT # 738853

1. Entity Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF WINTER HAVEN, INC.



Principal Place of Business

Mailing Address

1808 7TH STREET NE
1705
WINTER HAVEN FL 33881-705
US

1808 7TH STREET NE
WINTER HAVEN FL 33881-705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL Winter Haven, FL

Zip

Country

Zip

Country

33881-1705 US 33881-1705 US

6. Name and Address of Current Registered Agent

4. FEI Number

59-6608628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

40018419



Name

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

City

FL

Zip Code

33881-1705

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 required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARCUS A		NAME	
STREET ADDRESS	560 LAKE MAUDE DR., NE		STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVER, LEOFUS SR		NAME	
STREET ADDRESS	2245 THIRD STREET N E		STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ULYSSES JR		NAME	
STREET ADDRESS	1808 7TH ST N E		STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, LEROY		NAME	
STREET ADDRESS	1995-5TH ST N E		STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ulysses J. Johnson Jr. Ulysses J. Johnson Jr. 09 Feb 05 (6) 295-1966