


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 738853 1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF WINTER HAVEN, INC.					
Principal Place of Business 1808 7TH STREET NE 1705 WINTER HAVEN, FL 33881-1705 US			Mailing Address 1808 7TH STREET NE WINTER HAVEN, FL 33881-1705 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6608628	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, ULYSSES J JR 1808 7TH ST N E WINTER HAVEN, FL 33881-1705				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 _____					
Filing Fee is \$61.25 Due by September 6, 2006			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	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARCUS A			NAME	000000575079
STREET ADDRESS	560 LAKE MAUDE DR., NE			STREET ADDRESS	09/23/06-80002-021 61.25
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 exemptions contained 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 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: Ulysses Johnson Jr. U/4330350643028					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 08/19/06 Daytime Phone 293-1964	