


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 742873 1. Entity Name BLESSED HOPE BAPTIST CHURCH OF HUDSON, FLORIDA, INC.																																																		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 8806 CASPER AVE. HUDSON, FL 34667-3625 </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 8806 CASPER AVE. HUDSON, FL 34667-3625 </td> </tr> </table>			Principal Place of Business 8806 CASPER AVE. HUDSON, FL 34667-3625	Mailing Address 8806 CASPER AVE. HUDSON, FL 34667-3625																																														
Principal Place of Business 8806 CASPER AVE. HUDSON, FL 34667-3625	Mailing Address 8806 CASPER AVE. HUDSON, FL 34667-3625																																																	
DO NOT WRITE IN THIS SPACE																																																		
6. Name and Address of Current Registered Agent LOPEZ, PETER 1355 MEREDITH DR SPRING HILL, FL 34608		DO NOT WRITE IN THIS SPACE																																																
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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>LOPEZ, PETER</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1355 MEREDITH DR</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SPRING HILL, FL 34608</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>ZIEMER, ROBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td>14522 HUDSON AVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SPRING HILL, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>STEELE, BILL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8641 SCHRADER BLVD.</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PORT RICHEY, FL 34668</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>STOLL, BILL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13431 HICKS RD.</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HUDSON, FL 34669</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>			TITLE	P	NAME	LOPEZ, PETER	STREET ADDRESS	1355 MEREDITH DR	CITY- ST- ZIP	SPRING HILL, FL 34608	TITLE	D	NAME	ZIEMER, ROBERT	STREET ADDRESS	14522 HUDSON AVE	CITY- ST- ZIP	SPRING HILL, FL	TITLE	D	NAME	STEELE, BILL	STREET ADDRESS	8641 SCHRADER BLVD.	CITY- ST- ZIP	PORT RICHEY, FL 34668	TITLE	D	NAME	STOLL, BILL	STREET ADDRESS	13431 HICKS RD.	CITY- ST- ZIP	HUDSON, FL 34669	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
TITLE	P																																																	
NAME	LOPEZ, PETER																																																	
STREET ADDRESS	1355 MEREDITH DR																																																	
CITY- ST- ZIP	SPRING HILL, FL 34608																																																	
TITLE	D																																																	
NAME	ZIEMER, ROBERT																																																	
STREET ADDRESS	14522 HUDSON AVE																																																	
CITY- ST- ZIP	SPRING HILL, FL																																																	
TITLE	D																																																	
NAME	STEELE, BILL																																																	
STREET ADDRESS	8641 SCHRADER BLVD.																																																	
CITY- ST- ZIP	PORT RICHEY, FL 34668																																																	
TITLE	D																																																	
NAME	STOLL, BILL																																																	
STREET ADDRESS	13431 HICKS RD.																																																	
CITY- ST- ZIP	HUDSON, FL 34669																																																	
TITLE																																																		
NAME																																																		
STREET ADDRESS																																																		
CITY- ST- ZIP																																																		
TITLE																																																		
NAME																																																		
STREET ADDRESS																																																		
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: <u>Peter Lopez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jan 18, 2006 <small>Date</small>																																																



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1100000404028
02/06/06-80031-003 61.25

DO NOT WRITE
IN THIS SPACE

352-688

9691

Daytime Phone #