FILE NOW: FILING FEE IS $61.25

FILED
Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752997 (7)

1. Corporation Name

HOPEWELL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6001 S.STATE RD.39 PLANT CITY FL 33567	6001 S.STATE RD.39 PLANT CITY FL 33567-9714

3. Date Incorporated or Qualified: 06/17/1980
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number: 59-2011248 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATKINS, E. C., JR.
2010 S. BUGG RD.
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, KENNETH, G		1.2 NAME	
STREET ADDRESS	2706 WOODLAND HILLS AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BUGG, BETH		2.2 NAME	
STREET ADDRESS	402 E. MCDONALD RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DURRANCE, MARTHA		3.2 NAME	
STREET ADDRESS	3005 S.SAPP RD.		3.3 STREET ADDRESS	3472 Silverstone Ct.
CITY-ST-ZIP	PLANT CITY, FL 00000		3.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HASTY, JOHN		4.2 NAME	
STREET ADDRESS	4610 S.DRAWDY RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EVERS, LLOYD		5.2 NAME	
STREET ADDRESS	7808 SOUTH S.R. 39		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 00000		5.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	WILLIS, HAROLD G., JR.		6.2 NAME	Willis, Harrell Jr
STREET ADDRESS	6002 SOUTH S.R. 39		6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Bugg TREAS Beth Bugg 2/19/97 813-737-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046200