


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90063 046 ****70.00

DOCUMENT # 759100 1. Entity Name HOPEWELL CHURCH OLD CEMETERY, INC.					
Principal Place of Business 6001 SR 39 S PLANT CITY, FL 33567 US			Mailing Address PO BOX 192 PLANT CITY, FL 33564 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2109524	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLER, LYNDIA 6101 STAFFORD RD W PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name <u>Douglas Granger CPA, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 Dort Street</u> <u>Suite A</u> City <u>Plant City</u> <u>FL</u> Zip Code <u>33563</u>	
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 <u><i>Douglas Granger</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/9/08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VP WYNN, ELLOUISE 3022 DARBY RD DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wynn, Ellouise 3022 Darby Rd Dade City, Fl 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEATHCOE, RAY 3251 STONEWATER DR LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Don Kilgore 4103 Longfellow Dr Plant City, Fl 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURRANCE, MARTHA 3472 SILVERSTONE CT PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Norma Gayle Ham 1506 Joe McIntosh Rd Plant City, Fl 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIERSON, NOVA Lloyd 8710 TATUM RD PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha Sue Skinner 3611 Jim Redman Parkway Plant City, Fl 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNAPP, HUBERT 301 E McDONALD ST PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Kilgore 286 Hwy 60 W Plant City, Fl 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALLESSIO, GENEVIEVE 5201 MUD LAKE RD PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynda Fuller 6101 Stafford Rd W Plant City, Fl 33566
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><i>Norma Gayle Ham</i></u> <u>4-9-08</u> <u>813-754-1731</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					