

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N00969 (8)
T. Corporation Name
GREATER NEW HOPE MISSIONARY BAPTIST CHURCH INC.



| | |
|--|--|
| Principal Place of Business 3099 ORANGE CENTER BLVD. P.O. BOX 5685 ORLANDO FL 32805 | Mailing Address 3099 ORANGE CENTER BLVD. P.O. BOX 5685 ORLANDO FL 32805 |
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3. Date Incorporated or Qualified

01/18/1984

4. FEI Number

59-2678885

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIGGINS, R.W. REV.
P. O. BOX 5685
3099 ORANGE CTR. BLVD.
ORLANDO FL 32805

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 | D | 1.1 TITLE | Wiggins, Russell W. Rev. |
| NAME | WIGGINS, ALLEN | 1.2 NAME | 829 Ferguson Dr. |
| STREET ADDRESS | 829 FERGUSON DRIVE | 1.3 STREET ADDRESS | Orlando, FL. 32808 |
| CITY-ST-ZIP | ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE | DS | 2.1 TITLE | |
| NAME | WIGGINS, YOLONDA | 2.2 NAME | |
| STREET ADDRESS | 829 FERGUSON DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | BANKS, EDDIE | 3.2 NAME | |
| STREET ADDRESS | 4301 CYNTHIA STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | |
| NAME | DAVIS, ELLA MAE | 4.2 NAME | |
| STREET ADDRESS | 2408 SPINGARN CT. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32811 | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | |
| NAME | HILL, ALICE | 5.2 NAME | |
| STREET ADDRESS | 4927 KINGCOLE BLVD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | WIGGINS, BEULAH | 6.2 NAME | |
| STREET ADDRESS | 829 FERGUSON DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | |

14. 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 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: Russell W. Wiggins Russell W. Wiggins, Rev. President

1/28/98

CR2E037 (10/97)