1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00969

1. 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

FILED Feb 26, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address	ling Address		3. Date Incorporated or Qualifed					
21		26			01/18/1984					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For			
22		27			59-2678885	Not	Applicable			
City & Stat	e	City & State	-		5. Certificate of Status Desired	\$8.75 A				
23		28			5. Certificate of Citation Desired	Fee Red	quired			
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00				
24	25	[29]	30		Trust Fund Contribution	Added to	Fees			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent				
			81	Name	,					
WIGGINS,	R.W. REV.		82							
P. O. BOX	5685									
3099 ORA	NGE CTR. BLVD.		83			* e. *				
ORLANDO	FL 32805		84	City		85 Zip C	ode			
				'		F il '				
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617.0503, Flori	tnonzed by da Statutes	the corpor	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	pposition as reg	istered			
	Signature, typed or printed name of registered ag			nt signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		PS IN 12			
12.		ND DIRECTORS	13.			Change	Addition			
TITLE	D	DELETE	1.1 TITLE	- 1	PD	. Change	Page 1 Addition			
NAME	WIGGINS, ALLEN		1.2 NAME		Wiggins, Rev. Russell W.					
STREET ADDRESS	829 FERGUSON DRIVE				829 Ferguson Dr.					
CITY-ST-ZIP	ORLANDO FL		1,4 CITY-S		Orlando, Fl. 32808	Change	Addition			
TITLE	DS	☐ DELETE	2.1 TITLE	1	DS: Axeon, Yolonda	es Change	E-4 Addition			
NAME	WIGGINS, YOLONDA		2.2 NAME	1	9115 Aliso Rd.	•	•			
STREET ADDRESS	829 FERGUSON DRIVE			, ADDRESS	Gotha, Fl. 34734					
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-S	ST-ZIP -	anma, Fre Sal Sal	Change	* Addition			
TITLE	D	☐ DELETE	3.1 TITLE	1	ν	□ cuange	APP MUNICIPALITY			
NAME	BANKS, EDDIE		3.2 NAME		Davis, Edward		•			
STREET ADDRESS	4301 CYNTHIA STREET				2408 Springarn Ct.					
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-S	ST-ZIP	Orlando, F1. 32811	☐ Change	Addition			
TITLE	T	☐ DELETE	4.1 TITLE		• •	C cuanda				
NAME	DAVIS, ELLA MAE		4. 2 NAME							
STREET ADDRESS				T ADDRESS	,	•				
CITY-ST-ZIP	ORLANDO FL 32811		4,4 CITY-S	T-ZIP		Change	Addition			
TITLE	S	☐ DELETE	5.1 TITLE	Ţ		Change	C VOCITION			
NAME	HILL, ALICE		5.2 NAME							
STREET ADDRESS	4927 KINGCOLE BLVD.			TADORESS						
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-S	T-ZIP		Change	Addition			
TITLE	D	☐ DELETE	6.1 TITLE			C₁iaiige	س سوشوا			
NAME	WIGGINS, BEULAH		6.2 NAME							
STREET ADDRESS			1	TADDRESS						
	ODLANDO EL		64 CITY-S	T. 7IP						

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, with all other like empowered.

SIGNATURE:

1/22/99

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