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Secretary of State
06-22-2007 90001 016 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

40121435

DOCUMENT # N00969

1. Entity Name
GREATER NEW HOPE MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
3032 MONTE CARLO TRAIL ORLANDO, FL 32805	3032 MONTE CARLO TRAIL ORLANDO, FL 32805

05012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2678885 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIGGINS, ALLEN T 3032 MONTE CARLO TRAIL ORLANDO, FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D WIGGINGS, RUSSEL W REV 829 FERGESON DR. ORLANDO, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Norton, Mylika 809 Hankins Cir Orlando, FL 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIGGINS, ALLEN T REV 3032 MONTE CARLO TRAIL ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, EDDIE 4301 CYNTHIA STREET ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, ELLA MAE 2408 SPINGARN CT. ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILL, ALICE 4927 KINGCOLE BLVD. ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIGGINS, BEULAH 829 FERGUSON DR ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: (X) _____ Allen T. D. Wiggins 5/2/07 407-291-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #