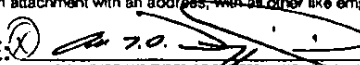


FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00969					
1. Entity Name GREATER NEW HOPE MISSIONARY BAPTIST CHURCH INC.					
Principal Place of Business 3032 MONTE CARLO TRAIL ORLANDO, FL 32805			Mailing Address 3032 MONTE CARLO TRAIL ORLANDO, FL 32805		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	D Morton, 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANKS, EDDIE 4301 CYNTHIA STREET ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HILL, ALICE 4927 KINGCOLE BLVD. ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIGGINS, BEULAH 829 FERGUSON DR ORLANDO, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/2/07 Daytime Phone #: 407-291-4673		