


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90426 033 \*\*\*\*61.25

**DOCUMENT # N01000001908**

1. Entity Name  
 NEW HOPE PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business  
 46 EAST MILLER ST.  
 WINTER GARDENS, FL 34787

Mailing Address  
 PO BOX 771048  
 WINTER GARDEN, FL 34777-1048 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 27-0004657

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROBERTS, RODNEY  
 432 HICKORY RD.  
 APOPKA, FL 32712

**7. Name and Address of New Registered Agent**

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)

**Billing Fee is \$61.25**  
**Due by May 1, 2005**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANCHARD, GLENN A	
STREET ADDRESS	2600 DIPLOMAT DR	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ULMER, WENDELL	
STREET ADDRESS	431 SPRING HOLLOW BLVD.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARROV, DAVID	
STREET ADDRESS	112 MICHAEL DRIVE	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCSWAIN, WILLIAM	
STREET ADDRESS	10520 PARK RIDGE GOTHA RD.	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, RODNEY	
STREET ADDRESS	432 HICKORY RD.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, JOE	
STREET ADDRESS	203 BETSY RUN	
CITY-ST-ZIP	LONGWOOD, FL 32779	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips, Carroll	
STREET ADDRESS	703 N. PARKWAY ST	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, DAVID	
STREET ADDRESS	112 MICHAEL DRIVE	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DANIEL	
STREET ADDRESS	435 HARBOUR TOWN LANE	
CITY-ST-ZIP	ORLANDO BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, RICHARD	
STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, JOEL	
STREET ADDRESS	588 ORANGE	
CITY-ST-ZIP	AITAMONTE SPRINGS, FL 32701	

12. 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 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: Rodney Roberts, Secretary 4/18/2005 407-415-2917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #