

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N01000001908

Entity Name: NEW HOPE PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

943 W STORY RD
WINTER GARDENS, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 771048
WINTER GARDEN, FL 347771048 US

New Mailing Address:

FEI Number: 27-0004657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, RODNEY
432 HICKORY RD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANCHARD, GLENN A
Address: 2600 DIPLOMAT DR.
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: PHILLIPS, CARROLL
Address: 703 N PARKWAY ST
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: WARREN, DAVID
Address: 112 MICHAEL DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: MCSWAIN, WILLIAM
Address: 10520 PARK RIDGE GOTHA RD.
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: ROBERTS, RODNEY
Address: 432 HICKORY RD.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: WHITE, DANIEL
Address: 435 HARBOUR TOWN LANE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLANCHARD, GLENN A
Address: 771 BENDING OAK TRAIL
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY ROBERTS

S D

04/15/2009

Electronic Signature of Signing Officer or Director

Date