

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91427 036 ****61.25

UBR1001

DOCUMENT # NO1000001908

1. Entity Name

NEW HOPE PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business

**46 EAST MILLER ST.
WINTER GARDENS FL 34787**

Mailing Address

**46 EAST MILLER ST.
WINTER GARDENS FL 34787**

2. Principal Place of Business

3. Mailing Address

P.O. Box 771048

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden FL

4. FEI Number **27-0004657**

Applied For

Not Applicable

Zip

Country

Zip

Country

34777-1048 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature: Rodney Roberts Sec.]

4/22/2003

FILE NOW: FEE IS \$61.25

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 **PD** Delete
NAME **BLANCHARD, GLENN A**
STREET ADDRESS **2600 DIPLOMAT DR.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **Director** Change Addition
NAME **David Warren**
STREET ADDRESS **112 Michael Dr.**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **TD** Delete
NAME **ULMER, WENDELL**
STREET ADDRESS **431 SPRING HOLLOW BLVD.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **Director** Change Addition
NAME **Richard Lawrence**
STREET ADDRESS **200 Cade Ave**
CITY-ST-ZIP **Melbourne FL 32901**

TITLE **D** Delete
NAME **ULMER, WILLIAM**
STREET ADDRESS **7641 CLARCOMA-OCOE RD.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **Director** Change Addition
NAME **Daniel White**
STREET ADDRESS **435 Harbor Town Ln**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VD** Delete
NAME **MCSWAIN, WILLIAM**
STREET ADDRESS **46 EAST MILLER ST.**
CITY-ST-ZIP **WINTER GARDENS FL 34787**
*10520 Park Ridge Gothic
Windermerc Fl
34786*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **ROBERTS, RODNEY**
STREET ADDRESS **432 HICKORY RD**
CITY-ST-ZIP **WINTER GARDENS FL 34787 APOPKA FL 32712**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FULLER, JOE**
STREET ADDRESS **203 BETSY RUN**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Handwritten Signature: Rodney Roberts Sec.]* **4/22/2003 407 539-2872**

CR2E037 (10/02)