
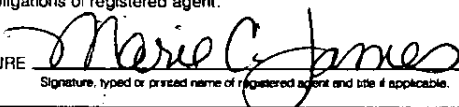
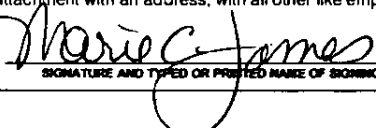


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 032 ****61.25

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|--|--|--|--|--|--|
| DOCUMENT # N01664 1. Entity Name DIRECTOR CORPORATION OF NEW +HOPE BAPTIST CHURCH OF ZEPHYRHILLS, INC. | | | |  | |
| Principal Place of Business 3514 ALLEN ROAD ZEPHYRHILLS, FL 33541 | | | Mailing Address 3514 ALLEN ROAD ZEPHYRHILLS, FL 33541 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2374125 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOUCHARD, ROBERT G 35511 WICKINGHAM COURT ZEPHYRHILLS, FL 33541 | | | | 7. Name and Address of New Registered Agent Name MARIE C. JAMES Street Address (P.O. Box Number is Not Acceptable) 4509 FIRELANE ROAD City ZEPHYRHILLS FL Zip Code 33541 | |
| 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  MARIE C. JAMES DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | TS BOUCHARD, ROBERT G 35511 WICKINGHAM CT ZEPHYRHILLS, FL 33541 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARIE C. JAMES 4509 FIRELANE ROAD ZEPHYRHILLS, FL 33541 | Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TC IKEY, BUCK 33753 CODDLE COURT ZEPHYRHILLS, FL 33543 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D J.T. CUNNINGHAM 35040 EILAND BLVD ZEPHYRHILLS, FL 33541 | Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TYLER, KEN 5254 17TH STREET ZEPHYRHILLS, FL 33540 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLBY JAYNES 39041 Clinton Ave. DADE CITY, FL 33525 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOTCHKISS, CAROL L 6144 PRESIDENTIAL DRIVE ZEPHYRHILLS, FL 33540 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Carol L Hotchkiss 6144 Presidential Drive Zephyrhills, FL 33540 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRISWOLD, JOHN 37526 CLEMENCE STREET, LOT #24 ZEPHYRHILLS, FL 33541 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  MARIE C. JAMES DATE 4/25/07 813-782-6592 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |