

# ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005543**

1. Entity Name  
**NEW HOPE MISSIONARY BAPTIST CHURCH, OF  
 DAYTONA BEACH, FL**



Principal Place of Business  
**P.O. BOX 10407  
 DAYTONA BEACH, FL 32120-0407**

Mailing Address  
**P.O. BOX 10407  
 DAYTONA BEACH, FL 32120-0407**



03112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3179591**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

**BURNS, DEXTER  
 1810 JAMAICA STREET  
 TITUSVILLE, FL 32114**

**DO NOT WRITE  
 IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BURNS, DEXTER A 1810 JAMAICA STREET TITUSVILLE, FL 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TILLMAN, HELEN 608 VAN NESS STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HAYNES, GRETA S 1000 5TH ST #2103 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

100000138469  
 04/29/04-80081-013 61.25

**DO NOT WRITE  
 IN THIS SPACE**

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:**

*[Signature]* **Dexter Burns**

**3/21/04**

Date

Deputy Phone #