

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 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**



02152006 No Chg-NP CR2E037 (11/05)

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, typed 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1100000460753  
03/20/06-80023-018 70.00**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rev. Dexter A. Burns**

**2-15-06 (321) 698-1469**

Date

Daytime Phone #