

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006496

FILED
Jul 12, 2008
Secretary of State

Entity Name: NEW HOPE BAPTIST CHURCH OF JENNINGS, INC.

Current Principal Place of Business:

6592 NW 48TH STREET
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

6592 NW 48TH STREET
JENNINGS, FL 32053

New Mailing Address:

FEI Number: 59-2340526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KLEPPER, LOWELL D
1326 HAMILTON AVENUE
JENNINGS, FL 32053 US

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: S () Delete
Name: ADAMS, JENNIFER B
Address: 6834 NW 44TH STREET
City-St-Zip: JENNINGS, FL 32053

Title: V () Delete
Name: ROWE, CECIL
Address: 208 4TH AVE NW
City-St-Zip: JASPER, FL 32052

Title: C () Delete
Name: KLEPPER, LOWELL D
Address: 1326 HAMILTON AVE
City-St-Zip: JENNINGS, FL 32053

Title: P () Delete
Name: TYREE, PRESTON H
Address: 6592 NW 48TH STREET
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
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: LOWELL D. KLEPPER

MR

07/12/2008

Electronic Signature of Signing Officer or Director

Date