


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000006876</b> 1. Entity Name <b>NEW HOPE MISSIONARY BAPTIST CHURCH OF ENGLEWOOD, INC.</b>		
Principal Place of Business <b>2100 HWY 776 ENGLEWOOD FL 34223</b>		Mailing Address <b>2100 HWY 776 ENGLEWOOD FL 34223</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>DEGROW, ANNIE J 1469 E MANASOTA BEACH RD ENGLEWOOD FL 34223</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code             </div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>		



1st MOORE      CR2E037 (10/04)

4. FEI Number <b>36-4552901</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP <input type="checkbox"/> Delete NAME: ADAMS, ERNEST STREET ADDRESS: 7388 MITCHELL ST CITY-ST-ZIP: ENGLEWOOD FL 34224		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: DS <input type="checkbox"/> Delete NAME: LIVLER, PAULA STREET ADDRESS: 7436 QUAKER ST CITY-ST-ZIP: ENGLEWOOD FL 34224		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	U00000251414 03/04/05-80050-008 61.25
TITLE: DT <input type="checkbox"/> Delete NAME: DEGROW, ANNIE J STREET ADDRESS: 1469 E MANASOTA BEACH RD CITY-ST-ZIP: ENGLEWOOD FL 34224		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: REVELS, ERNEST STREET ADDRESS: 1295 SORRENTO WOODS BLVD CITY-ST-ZIP: NOKOMIS FL 34275		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> Delete NAME: BATES, JIM STREET ADDRESS: 1617 BANYAN DR CITY-ST-ZIP: VENICE FL 34293		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: ULAVER, CARL STREET ADDRESS: 1424 KEY WAY ROAD CITY-ST-ZIP: ENGLEWOOD FL 34223		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Annie J. De Grow*      Feb 27-05      941 474 4757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #