


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90015 033 \*\*\*\*61.50

<b>DOCUMENT # N03000009439</b>	
1. Entity Name <b>HOPEWELL COMMUNITY DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>3280 WEST HWY. 329 LOWELL, FL 32663</b>	Mailing Address <b>P.O. BOX 23 LOWELL, FL 32663</b>
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**DO NOT WRITE IN THIS SPACE**

04072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>75-3134471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCCONICO, LAVETTA  
3280 WEST HWY. 329  
LOWELL, FL 32663**

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, LAVETTA R P.O. BOX 23 LOWELL, FL 32663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JOHNNY 3280 WEST HWY. 329 LOWELL, FL 32663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, SAM 12802 NW 38TH AVE. REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/07 15:587  
04/27/07 80164-021 61.25

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:** *Lavetta R. Waters* **3/7/07 (352) 361-5432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #