

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001964

FILED  
Sep 04, 2006  
Secretary of State

**Entity Name:** NEW HOPE MISSIONARY BAPTIST CHURCH OF LYNN HAVEN, FLORIDA, INC.

**Current Principal Place of Business:**

1401 IOWA AVENUE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1401 IOWA AVENUE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

SCOTT, ZEINFORD  
902 EAST 15TH STREET  
LYNN HAVEN, FL                      US

**Name and Address of New Registered Agent:**

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: P                      ( ) Delete  
Name: SMITH, JULIOUS  
Address: 1312 MICHIGAN AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP                      ( ) Delete  
Name: WHITE, ALONZO JR.  
Address: 815 MERCEDES AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: SEC                      ( ) Delete  
Name: BUMBREY, RICHARD W JR  
Address: 723 HUNTINGDON ROAD  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: TREA                      ( ) Delete  
Name: SCOTT, ZEINFORD  
Address: 902 EAST 15TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MEM                      ( ) Delete  
Name: MARELL, ROBERT L  
Address: 736 EAST PINE FORREST DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MEM                      ( ) Delete  
Name: GREEN, JAMES C SR  
Address: 103 SARATOGA PL  
City-St-Zip: LYNN HAVEN, FL 32444 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: MEM                      (X) Change ( ) Addition  
Name: WILLIAMS, JAMES L  
Address: 1615 MINNESOTA AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

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 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: CLARENCE R CAMPBELL

TRUS

09/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date