# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2007**
**Secretary of State**

DOCUMENT# N05000001964

**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 ( )**

**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: MEM ( ) Delete
Name: WILLIAMS, JAMES L
Address: 1615 MINNESOTA AVE
City-St-Zip: LYNN HAVEN, FL 32444 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: ( ) 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 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 MR 04/08/2007

Electronic Signature of Signing Officer or Director — Date