

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009396

FILED  
Apr 01, 2007  
Secretary of State

**Entity Name:** HOPEWELL BAPTIST CHURCH OF MADISON, INC.

**Current Principal Place of Business:**

4730 SE CR 360  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

4730 SE CR 360  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 59-2366157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAPP, ED  
2858 SW OLD ST SUGUSTINE RD  
MADISON, FL 32340 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: THOMPSON, TIM  
Address: P O BOX 186  
City-St-Zip: LEE, FL 32059

Title: VP ( ) Delete  
Name: SAPP, BUDDY  
Address: 3105 SW CR 360  
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete  
Name: STROUGHTON, JOHN  
Address: 18711 52ND TERRACE  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: WESSON, DAVID  
Address: 2548 SW OLD ST AUGUSTINE RD  
City-St-Zip: MADISON, FL 32340

**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 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: WILLIAM EDWARD SAPP

MR

04/01/2007

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

\_\_\_\_\_  
Date