2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State **DOCUMENT # N13481** 1. Entity Name NEW HOPE BAPTIST CHURCH OF BARTOW, INC. 05-06-2002 90118 006 ****61.25 Principal Place of Business Mailing Address 1347 GASKIN RD. S. P O BOX 2287 BARTOW FL 33830 BARTOW FL 33831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2513059 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rev. SIMMONS: STEVE REV Street Address (P.O. Box Number is Not Acceptable) 2632 CANAL STREET LAKELAND FL 33801-2912 Zip Code AKE LANA 3380 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Channe JONES, MERTICE NAME NAME 1590 S. MCADOO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW FL CITY-ST-ZIP □ Delete TITLE Change ■ Addition BAREFOOT, EVELYN NAME NAME STREET ADDRESS 215 EDGEWOOD AVE NO STREET ADDRESS BARTOW FL CITY-ST-ZIP CITY-ST-ZIP PD P. D. Delete TITLE **Change** ■ Addition Rev. Don Haygood 3428 LORI LANE N. SIMMONS, STEVE NAME STREET ADDRESS 2632 CANAL STREET STREET ADDRESS CITY-ST-7IP LAKELAND FL-33801-2912 LAKeLAND, F/ 33801 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change [Addition BULLOCH, DEWEY NAME NAME STREET ADDRESS 845 WEST STUART STREET STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

LOGIECTO IRECEVELYN BAREFOOT 4-21-02