

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90159 014 ****61.25

DOCUMENT # N13481

1. Entity Name

NEW HOPE BAPTIST CHURCH OF BARTOW, INC.



Principal Place of Business

**1347 GASKIN RD. S.
BARTOW FL 33830
US**

Mailing Address

**P O BOX 2287
BARTOW FL 33831
US**

60010587



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2513059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYGOOD, REV DON
3428 LORI LANE NORTH
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **JONES, MERTICE**
STREET ADDRESS **1590 S. MCADOO AVE.**
CITY-ST-ZIP **BARTOW FL**

TITLE **TD** ☐ Delete
NAME **BAREFOOT, EVELYN**
STREET ADDRESS **215 EDGEWOOD AVE NO**
CITY-ST-ZIP **BARTOW FL**

TITLE **VD** ☐ Delete
NAME **BULLOCH, DEWEY**
STREET ADDRESS **845 WEST STUART STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **PD** ☐ Delete
NAME **HAYGOOD, REV DON**
STREET ADDRESS **3428 LORI LANE NORTH**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

Evelyn Barefoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

863-533-8039

Date

Daytime Phone #

CR2E037 (10/02)