


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N18997 1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF HOLLYWOOD, INC.	
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Principal Place of Business 2305 SHERIDAN ST HOLLYWOOD, FL 33020-2041 US	Mailing Address 2305 SHERIDAN ST HOLLYWOOD, FL 33020-2041 US
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04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0013986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARNES, BARNES 2305 SHERIDAN ST HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000346255
04/30/05-80068-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWSON, VIRGINIA 2305 SHERIDAN ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CURTIS 2305 SHERIDAN ST HOLLYWOOD, FL 330202041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, EDWARD 2305 SHERIDAN STREET HOLLYWOOD, FL 330202041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMMING, JOE 2301 SHERIDAN STREET HOLLYWOOD, FL 330202041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, NATHANIEL 2305 SHERIDAN ST HOLLYWOOD, FL 330202041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CONNAIL 2305 SHERIDAN ST HOLLYWOOD, FL 330202041

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 954-920-6365
Date Daytime Phone #