2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18997

FILED Feb 16, 2006 Secretary of State

Entity Name: NEW HOPE MISSIONARY BAPTIST CHURCH OF HOLLYWOOD, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	RIDAN ST OOD, FL 33020	02041 US				
Current Mailing Address:			New Maili	New Mailing Address:		
	_			J		
	RIDAN ST OOD, FL 33020	02041 US				
FEI Number	: 65-0013986	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	l Address	of New Registered Agent:	
2305 SHE	BARNES RIDAN ST DOD, FL 33020	0 US				
	e named entity s e of Florida.	submits this statement for the	e purpose of changing	its register	red office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered A	Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	T () DAWSON, VIRO 2305 SHERIDA HOLLYWOOD,	N ST	Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	EVANS, CURTI 2305 SHERIDA		Title: Name: Address: City-St-Zip:	D WALKER, 2305 SHE HOLLYW		
Title: Name: Address: City-St-Zip:	GRAHAM, EDW 2305 SHERIDA		Title: Name: Address: City-St-Zip:		() Change () Addition	
	D () FLEMMING, JC		Title: Name: Address:		() Change () Addition	
Title: Name: Address: City-St-Zip:	2301 SHERIDA	FL 330202041 US	City-St-Zip:			
√ame: Address:	2301 SHERIDA HOLLYWOOD, D (X) CHERRY, NATH 2305 SHERIDA	FL 330202041 US) Delete HANIEL	City-St-Zip: Title: Name: Address: City-St-Zip:		() Change () Addition	

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: CONNAIL JOHNSON P 02/16/2006