2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18997

FILED Apr 06, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:	New Principal Place of Business:	
	RIDAN ST OOD, FL 33020	02041 US			
Current Mailing Address:			New Mailing Address:		
	RIDAN ST DOD, FL 33020	02041 US			
FEI Number	: 65-0013986	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
FLEMMING, JOE 2305 SHERIDAN ST HOLLYWOOD, FL 33020 US			FLEMING, JOE 2305 SHERIDAN ST HOLLYWOOD, FL 33020 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered office or registered agent,	or both,	
SIGNATURE: JOE FLEMING			04/06/2009		
	Electron	ic Signature of Registered Aલ્	gent Date		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	
Title: Name: Address: City-St-Zip:	D () BURNS, ANDRE 2305 SHERIDA HOLLYWOOD,	N ST	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	WALKER, SANI 2305 SHERIDA		Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	FLEMMING, JO 2301 SHERIDA		Title: D (X) Change () Addition Name: FLEMING, JOE Address: 2301 SHERIDAN STREET City-St-Zip: HOLLYWOOD, FL 330202041 US		
Title: Name: Address: City-St-Zip:	JOHNSON, COI 2305 SHERIDA		Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	D () GATES, RHONI 2305 SHERIDA		Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA WALKER D 04/06/2009