

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30944 (5)

1. Corporation Name

THE NEW HOPE MISSIONARY BAPTIST CHURCH, INCORPORATED  
LAKELAND, FLORIDA



Principal Place of Business

NEW H  
LAKELAND FL 33805  
US

Mailing Address

1509 POWHATTAN CT  
LAKELAND FL 33805  
US

3. Date Incorporated or Qualified  
03/01/1989

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-2938925

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURFF, CHARLES E., REV.  
1314 FAIRBANKS STREET  
LAKELAND FL 33805

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
BANKS, NONA MAE  
STREET ADDRESS 214 W. PARKER STREET  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME CTD  
WOOD, DAVID  
STREET ADDRESS 1006 W. 8TH STREET  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME D  
WOOD, JASPER  
STREET ADDRESS 802 VERMONT AVE  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME SD  
WALL, CLINCY E.  
STREET ADDRESS 311 PINEHURST STREET  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

David Wall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

DAY

941-686-0641  
DAYTIME PHONE #