

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30944

1. Entity Name

THE NEW HOPE MISSIONARY BAPTIST CHURCH, INCORPOR



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90002 046 \*\*\*\*61.25

Principal Place of Business

NEW H  
 LAKELAND FL 33805  
 US

Mailing Address

1509 POWHATTAN CT  
 LAKELAND FL 33805  
 US

2. Principal Place of Business

1509 Powhattan Court  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

59-2938925

Applied For

Not Applicable

Zip

Country

Zip

Country

33805

POLK

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME **Dorothy Reddick**  
 STREET ADDRESS **1124 West Tenth Street**  
 CITY-ST-ZIP **Lakeland, FL 33805**

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

TITLE **Trustee** ☒ Change ☐ Addition  
 NAME **John D. Freeman**  
 STREET ADDRESS **932 W. 11 ST.**  
 CITY-ST-ZIP **Lakeland, FL 33805**

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

TITLE **Trustee** ☒ Change ☐ Addition  
 NAME **Rosa M. Edwards**  
 STREET ADDRESS **321 Eldorado Street**  
 CITY-ST-ZIP **Lakeland, FL 33809**

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Deacon** ☐ Change ☒ Addition  
 NAME **David Wall**  
 STREET ADDRESS **311 Pinehurst Street**  
 CITY-ST-ZIP **Lakeland, FL 33805**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **John D. Freeman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00  
 Date Daytime Phone #

CR2E037 (5/00)