

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 # N31410 (6)

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH

Principal Place of Business

**21801 S.W. 118th Court
GOULDS, FL 33170**

Mailing Address

**21801 S.W. 118 Court
GOULDS, FL 33170**

3. Date Incorporated or Qualified
03/28/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0145991

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

**CHISHOLM, AUSTIN
10121 S. JESSAMIE STREET
PERRINE, FL 33157**

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **D MOSS, ABRAM** ☐ DELETE
STREET ADDRESS **11828 SW 221 STREET**
CITY - ST - ZIP **GOULDS, FL**

TITLE
NAME **CD ANDERSON, CHARLES C.** ☐ DELETE
STREET ADDRESS **11755 SW 221 STREET**
CITY - ST - ZIP **GOULDS, FL**

TITLE
NAME **CD CHISHOLM, AUTON** ☐ DELETE
STREET ADDRESS **10121 W. JESSAMIE STREET**
CITY - ST - ZIP **PERRINE, FL**

TITLE
NAME **D STUART, VIRGINIA** ☒ DELETE
STREET ADDRESS **14121 SW 179 STREET**
CITY - ST - ZIP **PERRINE, FL**

TITLE
NAME **SD HARRINGTON, BULA** ☒ DELETE
STREET ADDRESS **14125 SW 109 PLACE**
CITY - ST - ZIP **RICHMOND HEIGHTS, FL**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96

Date

258-0500

Daytime Phone #

CS 7/11/96

CR2E037 (12/95)