# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jun 05, 2007 8:00 am**
**Secretary of State**
06-05-2007 90011 026 ****61.25

DOCUMENT # N37560

1. Entity Name

NEW HOPE BAPTIST CHURCH OF WHITE CITY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5200 OLEANDER AVE<br>FT. PIERCE FL 34982<br>US | 5200 OLEANDER AVE<br>FT. PIERCE FL 34982<br>US |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0140173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GIAQUINTO, BRIAN R P
5200 OLEANDER AVE
FT. PIERCE FL 34982

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brian R Giaquinto, Brian R. Giaquinto 05/01/07
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**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>THELWELL, TREVOR<br>5200 OLEANDER AVE<br>FORT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | TD<br>KILEY, JEANNETTE<br>5200 OLEANDER AVE<br>FT PIERCE FL 34782 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | TD<br>Stevens, Barbara<br>5200 Oleander Avenue<br>Fort Pierce, FL 34982<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | SD<br>BROWN, BETH<br>5200 OLEANDER AVE<br>FORT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>GIAQUINTO, BRIAN R<br>804 EMIL AVE<br>FORT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Brian R Giaquinto Brian R. Giaquinto 05/01/07 772-461-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #