

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46959

FILED
Jan 09, 2007
Secretary of State

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

Current Principal Place of Business:

3006 NEW HOPE RD
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

3006 NEW HOPE RD
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 72-1100708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONDURANT, FRANK E.
4450 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COBB, LARRY
Address: 2375 FILMORE DRIVE
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: GATLING, WENDELL
Address: 3093 JOYCE DR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: WELCH, ALLEN
Address: 123 SILVER LAKE S.
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: WILLIAMS, KEITH
Address: 3413 PARKWOOD DR
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: MCINNIS, KURTIS
Address: 1286 OLD BONIFAY ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALE, TIMOTHY
Address: 2944 CALEDONIA STREET
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CENTERS, GREGORY
Address: 4589 OAKWOOD
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY COBB

D

01/09/2007

Electronic Signature of Signing Officer or Director

Date