

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48946 (0)

1. Corporation Name
NEW HOPE MISSION BAPTIST CHURCH AND DAY CARE, IN C.



Principal Place of Business 14236 COUNTY LINE ROAD HUDSON FL 34668	Mailing Address 14236 COUNTY LINE ROAD HUDSON FL 34668
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3. Date Incorporated or Qualified 05/18/1992		
4. FEI Number 59-3130341	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

SHARPLEY, JOHN
4294 WEDON AVE.
SPRING HILL FL 34809

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHARPLEY, JOHN	
STREET ADDRESS	4294 WELDO NAVE.G ROAD	
CITY-ST-ZIP	SPRING HILL FL 34809	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WADE, JOHN	
STREET ADDRESS	209 GALAXY AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34808	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PORTER, RUTH	
STREET ADDRESS	4399 GONDOLIER RD.	
CITY-ST-ZIP	SPRING HILL FL 34808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHIFER, ANTHONY	
STREET ADDRESS	2009 BRIDADIER DR.	
CITY-ST-ZIP	SPRING HILL FL 34808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, WILLIAM E.	
STREET ADDRESS	10398 BEDFORD ROAD	
CITY-ST-ZIP	SPRING HILL FL 34808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNINGS, ROBERT	
STREET ADDRESS	15311 WOODCREST RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: **1/29/98**

CR2E037 (10/97)