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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48946

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL
, INC.

Principal Place of Business

14236 COUNTY LINE ROAD
HUDSON FL 34668

Mailing Address

14236 COUNTY LINE ROAD
HUDSON FL 34668



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number

59-3130341

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

9. Name and Address of Current Registered Agent

SHARPLEY, JOHN
4294 WEDON AVE.
SPRING HILL FL 34609

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 *John Sharpley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DVP DELETE

NAME SHARPLEY, JOHN
STREET ADDRESS 4294 WELDO NAVE.G ROAD
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VPD DELETE

NAME WADE, JOHN
STREET ADDRESS 209 GALAXY AVENUE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE DS DELETE

NAME PORTER, RUTH
STREET ADDRESS 4399 GONDOLIER RD.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D DELETE

NAME PHIFER, ANTHONY
STREET ADDRESS 2009 BRIDADIER DR.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D DELETE

NAME HILL, WILLIAM E.
STREET ADDRESS 10398 BEDFORD ROAD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *John Sharpley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99
Date

352-688-5259
Daytime Phone #

CR2E037 (1/98)