

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90004 018 \*\*\*\*61.25

**DOCUMENT # N48946**

1. Entity Name

**NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL**

Principal Place of Business

Mailing Address

14236 COUNTY LINE ROAD  
 HUDSON FL 34668

14236 COUNTY LINE ROAD  
 HUDSON FL 34667-6467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3130341**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARPLEY, JOHN**  
**4294 WEDON AVE.**  
**SPRING HILL FL 34609**

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.

SIGNATURE

*John Sharpley*

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHARPLEY, JOHN	
STREET ADDRESS	4294 WELDO NAVE.G ROAD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WADE, JOHN	
STREET ADDRESS	209 GALAXY AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PORTER, RUTH	
STREET ADDRESS	4399 GONDOLIER RD.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIFER, ANTHONY	
STREET ADDRESS	2009 BRIDADIER DR.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, WILLIAM E.	
STREET ADDRESS	10398 BEDFORD ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, ROBERT	
STREET ADDRESS	15311 WOODCREST RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Kelsey	
STREET ADDRESS	3607 DOTHAN AVE.	
CITY-ST-ZIP	Spring Hill, Florida 34609	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 29.07(3)(i), 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:

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

1/23/2000 (352) 688-5259  
 Date Daytime Phone #

CR2E037 (9/99)