## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2005 08:00 AM DOCUMENT # N48946 1. Entity Name **Secretary of State** NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL., INC. Principal Place of Business Mailing Address 14236 COUNTY LINE ROAD HUDSON FL 34667-6467 14236 COUNTY LINE ROAD HUDSON FL 34667-6467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3130341 Not Applicable Zip Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAYTON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 11345 COPLEY COURT SPRING HILL FL 34609 Zip Code FL 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. Janu 2005 SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition TITLE ☐ Delete TETLE BROWDY, RONALD U00000219899 NAMI MAME 12042 VILLA ROAD STREET ADDRESS STREET ADDRESS 02/08/05-80045-009 61.25 SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE OBJE ☐ Change Delete Addition TELMAN, BIRTRAM NAME NAME 136 CENTER OAK CIRCLE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY - ST - 7IP CIFY ST-ZIP TITLE Delete TITLE Change Addition ROSARIO, LESLIE MAME MAME 7423 TANAWANDA TRAIL STRFFT ADDRESS STREET ADDRESS CITY - ST- ZIP SPRING HILL FL 34609 CHY-ST-7P DILE ☐ Change ☐ Addition TITLE ☐ Delete JOYNER, JACQUELINE NAME NAME 11311 FOX RUN DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34668 CITY-ST-7IP CHY-ST-7IP TITLE ☐ Defele TITLE Change ☐ Addition DRAYTON, ROBERT NAME MAME 11345 COPLEY COURT STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE THLE Change ☐ Addition ☐ Delete SCARBOROUGH, LESTER MAME NAME 11443 FERENDINA WAY STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 the empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**