


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 002 ****61.25

DOCUMENT # N48946 1. Entity Name NEW HOPE MISSIONARY BAPTIST CHURCH OF HUDSON, FL., INC.	
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Principal Place of Business 14236 COUNTY LINE ROAD HUDSON, FL 34667-6467	Mailing Address 14236 COUNTY LINE ROAD HUDSON, FL 34667-6467
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40041749



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3130341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAYTON, ROBERT 11345 COPLEY COURT SPRING HILL, FL 34609	
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7. Name and Address of New Registered Agent	
Name Robbin Rawlins	
Street Address (P.O. Box Number is Not Acceptable) 7388 Holiday Drive	
City Springhill	FL Zip Code 34606

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.

SIGNATURE *Robbin Rawlins* DATE 2/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWDY, RONALD 12042 VILLA ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELMAN, BIRTRAM 136 CENTER OAK CIRCLE SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSARIO, LESLIE 7423 TANAWANDA TRAIL SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAYTON, ROBERT 11345 COPLEY COURT SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBOROUGH, LESTER 11443 FERENDINA WAY SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Robbin Rawlins 7388 Holiday Drive Spring Hill, FL 34606 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sandra King 11471 Linden Ave Springhill, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robbin Rawlins* DATE 2/19/07 352-684-8959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #