

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003885 (1)

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

217 MCCARGO STREET
JACKSONVILLE FL 32220

217 MCCARGO STREET
JACKSONVILLE FL 32220

3. Date Incorporated or Qualified
08/24/1993

3a. Date of Last Report
01/24/1995

2. Principal Place of Business
21 217 McCargo Street
Suite, Apt. #, etc.

2a. Mailing Address
26 217 McCargo Street N.
Suite, Apt. #, etc.

4. FEI Number
59-3279934

Applied For
Not Applicable

22 City & State
23 Jacksonville, FL
24 Zip 32220
25 Country U.S.A.

27 City & State
28 Jacksonville, FL
29 Zip 32220
30 Country U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, FREDDIE PASTOR
2625 KOHN ROAD
JACKSONVILLE FL 32244

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 *Rev. Freddie Jackson Jr.* *Rev. Freddie Jackson Jr.* 4-7-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	JACKSON, FREDDIE PASTOR	2625 KOHN ROAD	JACKSONVILLE FL 32244	<input type="checkbox"/>
D	SPIVEY, LEROY	217 MCCARGO STREET	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>
D	SMITH, EDITH	1027 BULLS BAY HIGHWAY	JACKSONVILLE FL 32220	<input type="checkbox"/>
D	GRAVES, CATHERINE	2324 CLIFTON STREET	JACKSONVILLE FL 32209	<input type="checkbox"/>
D	WEST, CALVIN	8259 KIRKLAND ROAD	JACKSONVILLE FL 32220	<input type="checkbox"/>
D	HILLS, HARRY	6811 JACK HORNER LANE	JACKSONVILLE FL 32244	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D.	GRACIE WARRY	217 McCargo Street	JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)