## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N93000003885 (1)

**NEW HOPE MISSIONARY BAPTIST CHURCH OF JACKSONVIL** 

Principal Place of Business Mailing Address 217 MCCARGO STREET 217 MCCARGO STREET 3. Date Incorporated or Qualified JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 08/24/1993 4. FEI Number Applied For 59-3279934 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, FREDDIE PASTOR Street Address (P.O. Box Number is Not Acceptable) 2825 KOHN ROAD JACKSONVILLE FL 32244 83 84 City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE JACKSON, FREDDIE PASTOR NAME 1.2 NAME 2625 KOHN ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE LARRY, GRACIE NAME 2.2 NAME **217 MCCARGO STREET** STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SMITH, EDITH NAME 3.2 NAME 1027 BULLS BAY HIGHWAY STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE **Gr**aves. Catherine NAME 4 2 NAME 2324 CLIFTON STREET STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32209 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE WEST, CALVIN NAME 5.2 NAME 8259 KIRKLAND ROAD STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition JACKSON, KAREN NAME 6.2 NAME 217 MCCARGO STREET STREET ADDRESS 6.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

SIGNATURE FRENCIS JARKSDAL 5-6-98 (gry) 772-1798

**FILED** 

May 19 1998 8:00am

Secretary of State