

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90194 034 ****61.25

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1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF JACKSONVILLE, INC.

114551 - 90194 - 34

Principal Place of Business

**217 MCCARGO STREET
JACKSONVILLE FL 32220**

Mailing Address

**217 MCCARGO STREET
JACKSONVILLE FL 32220**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

59-3279934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D JACKSON, FREDDIE PASTOR**
STREET ADDRESS **2625 KOHN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Harry Hills**
1.3 STREET ADDRESS **6811 Jack Horner Lane**
1.4 CITY-ST-ZIP **Jax, FL 32210**

TITLE ☐ DELETE
NAME **D LARRY, GRACIE**
STREET ADDRESS **217 MCCARGO STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **Rodney N. Johnson**
2.3 STREET ADDRESS **5641 California Ave #806**
2.4 CITY-ST-ZIP **Jax, Fla-32244**

TITLE ☐ DELETE
NAME **D SMITH, EDITH**
STREET ADDRESS **1027 BULLS BAY HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D GRAVES, CATHERINE**
STREET ADDRESS **2324 CLIFTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D WEST, CALVIN**
STREET ADDRESS **8259 KIRKLAND ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D JACKSON, KAREN**
STREET ADDRESS **217 MCCARGO STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

INFORMATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99

Date

904-7720778

Daytime Phone #

CR2E037 (11/98)