FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N94000005871

NEW HOPE BAPTIST CHURCH OF DELTONA, INC.

Mailing Address Principal Place of Business 1256-B PROVIDENCE BLVD. 1256-B PROVIDENCE BLVD. **DELTONA FL 32725-7300 DELTONA FL 32725** Date Incorporated or Qualified 11/28/1994 3a. Date of Last Report 02/12/1996 2. Principal Place of Business Mailing Address Applied For 59-3295588 P.O. BOX 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, VOLUSI A Yes No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRADLEY, DOROTHALENE 82 Street Address (P.O. Box Number is Not Acceptable) 1256-B PROVIDENCE BLVD. 83 **DELTONA FL 32725** 84 Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE BRADLEY, William JR. 1921 LAVINIA DR. BRADLEY, WILLIAM JR. 1.2 NAME NAME 715 SOUTH PARSONS AVE. STREE! ADDRESS 1.3 STREET ADDRESS Deltona, Fl 32725 DELAND FL 32720 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE SEWELL, ISAAC 2.2 NAME NAME 868 WHITEWOOD AVE. 2.3 STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TILLE REED, ISAAC NAME 3.2 NAME 7489 E. NORMANDY BLVD. 3.3 STREET ADORESS STREET ADDRESS **DELTONA FL 32725** CITY - ST - ZIP 3.4. CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

SIGNATURE: Will

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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

ch 15,1997

FILED

Feb 19 1997 8:00am

Secretary of State