


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 13 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001111 (2)**

1. Corporation Name

NEW HOPE BAPTIST MISSIONARY CHURCH, INC.



Principal Place of Business	Mailing Address
15 N MYRTLE AVE NEW SMYRNA BEACH FL 32168	P O BOX 1843 NEW SMYRNA BEACH FL 32170-1843

3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 06/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number APPLIED FOR	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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
GAMBERT, WILLIAM N 120 FLAGLER AVE NEW SMYRNA BEACH FL 32169	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 **William N. Gambert, Esquire** DATE **4/21/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD MCRAE, LEONA
STREET ADDRESS	211 INGRAM ROAD
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VTD WILLIAMS, EDWARD
STREET ADDRESS	520 MARY AVE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input type="checkbox"/> DELETE
NAME	SD ROSS, WILLIE B
STREET ADDRESS	207 INGRAM RD.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input type="checkbox"/> DELETE
NAME	D CHAMBERS, LILLIE
STREET ADDRESS	410 N DUSS ST
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input type="checkbox"/> DELETE
NAME	D WOOTEN, CURTIS
STREET ADDRESS	351 PALM STREET
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002267967
4.3 STREET ADDRESS	-08/15/97--01004--031
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	PE 8-13
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice-President
6.3 STREET ADDRESS	Aaron Spellers
6.4 CITY-ST-ZIP	205 Oak St. New Smyrna Beach, FL 32168

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

SIGNATURE **William N. Gambert, Esquire** DATE **4/21/97** (904) 427-1682

CR2E037 (9/96)