

FILE NOW: FILING FEE IS \$61.25

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May 26 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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

315 N MYRTLE AVE  
NEW SMYRNA BEACH FL 32168

P O BOX 1843  
NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

APPLIED FOR 59-3461892

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 315 N myrtle ave  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 32168

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAMBERT, WILLIAM N  
120 FLAGLER AVE  
NEW SMYRNA BEACH FL 32169

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 relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCRAE, LEONA  
STREET ADDRESS 211 INGRAM ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ROSS, WILLIE B  
STREET ADDRESS 207 INGRAM RD.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~VP~~  
NAME CHAMBERS, LILUE  
STREET ADDRESS 410 N DUSS ST  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ DELETE

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

TITLE T  
NAME WOOTEN, CURTIS  
STREET ADDRESS 349 PALM STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ DELETE

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

TITLE VP  
NAME SPELLERS, AARON  
STREET ADDRESS 205 OAK ST.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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.

SIGNATURE: *Pastor LeRoy Edwards Jr*

(LeRoy Edwards, Jr)

May 13 1998

CR2E037 (10/97)