

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001111

FILED
Feb 03, 2005
Secretary of State

Entity Name: NEW HOPE BAPTIST MISSIONARY CHURCH, INC.

Current Principal Place of Business:

NEW HOPE BAPTIST CHURCH
315 MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

NEW HOPE BAPTIST CHURCH
315 MYRTLE AVENUE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3461892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARDS, LEROY A JR.
233 N. ADAMS STREET
DAYTONA BEACH FLORIDA, FL 32114 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCRAE, LEONA
Address: 211 INGRAM ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: ROSS, WILLIE B
Address: 207 INGRAM RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P () Delete
Name: WILLIAMS, BETTY D
Address: 520 MARY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: WOOTEN, CURTIS
Address: 349 PALM ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Delete
Name: CUTTER, EDNA L
Address: 822 CANAL RAF 38 EAYENA TAR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROY EDWARDS, JR.

D

02/03/2005

Electronic Signature of Signing Officer or Director

Date