


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90006 016 \*\*\*\*61.25

<b>DOCUMENT # N95000001111</b> 1. Entity Name <b>NEW HOPE BAPTIST MISSIONARY CHURCH, INC.</b>					
Principal Place of Business <b>NEW HOPE BAPTIST CHURCH</b> <b>315 MYRTLE AVENUE</b> <b>NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>NEW HOPE BAPTIST CHURCH</b> <b>315 MYRTLE AVENUE</b> <b>NEW SMYRNA BEACH, FL 32168</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>59-3461892</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Washington</b> <b>YOUNG, PHYLLIS A</b> <b>207 INGHAM RD</b> <b>NEW SMYRNA BEACH, FL 32168</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Phyllis A. Washington</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Phyllis A Washington</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>3/8/08</i> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCRAE, LEONA 211 INGRAM ROAD NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Herman Moore Jr 1117 Jarecki Ave Holly Hill, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, WILLIE B 207 INGRAM RD. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, BETTY D 520 MARY AVE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOTEN, CURTIS 349 PALM ST NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUTTER, EDNA L 822 CANAL RAF 38 EAYENA TAR NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Willie Ross</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Willie Ross</i> <small>Date</small>		<i>3/8/2008</i> <small>Daytime Phone #</small>	

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