2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001111

FILED Mar 31, 2009 Secretary of State

Entity Name: NEW HOPE BAPTIST MISSIONARY CHURCH, INC.

	rincipal Place of Business:	New Principal Place of	Business:
315 MYRT	PE BAPTIST CHURCH TLE AVENUE YRNA BEACH, FL 32168		
Current N	lailing Address:	New Mailing Address:	
315 MYRT	PE BAPTIST CHURCH LE AVENUE (RNA BEACH, FL 32168		
FEI Number	: 59-3461892 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of N	New Registered Agent:
207 INGH	PHYLLIS A AM RD YRNA BEACH, FL 32168 US	MOORE, CATHERINE B 1053 CONTINENTAL DR DAYTONA BEACH, FL	RIVE
	e named entity submits this statement for the e of Florida.	purpose of changing its registered o	office or registered agent, or both,
SIGNATU	RE: CATHERINE B MOORE		03/31/2009
	Electronic Signature of Registered Ag	ent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address:	P () Delete MOORE, HERMAN JR 1117 JARECKI AVE DAYTONA BEACH, FL 32117	Name: Address:) Change ()Addition
City-St-Zip:	5711101011527011,12 02111	City-St-Zip:	
City-St-Zip: Title: Name: Address: City-St-Zip:	SD () Delete ROSS, WILLIE B 207 INGRAM RD. NEW SMYRNA BEACH, FL 32168	•) Change ()Addition
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	SD () Delete ROSS, WILLIE B 207 INGRAM RD.	Title: (Name: Address: City-St-Zip:) Change ()Addition) Change ()Addition
Γitle: Name: Address:	SD () Delete ROSS, WILLIE B 207 INGRAM RD. NEW SMYRNA BEACH, FL 32168 P () Delete WILLIAMS, BETTY D 520 MARY AVE	Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	SD () Delete ROSS, WILLIE B 207 INGRAM RD. NEW SMYRNA BEACH, FL 32168 P () Delete WILLIAMS, BETTY D 520 MARY AVE NEW SMYRNA BEACH, FL 32168 T () Delete WOOTEN, CURTIS 349 PALM ST	Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:) Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CATHERINE B MOORE PAST 03/31/2009