

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90043 014 ****61.25

DOCUMENT # N95000001111

1. Entity Name

NEW HOPE BAPTIST MISSIONARY CHURCH, INC.



Principal Place of Business

**315 N MYRTLE AVE
NEW SMYRNA BEACH FL 32168**

Mailing Address

**315 N MYRTLE AVE
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business

New Hope Baptist Church

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

315 Myrtle Ave

Same

City & State

City & State

New Smyrna Beach, Fla.

Same

Zip

Country

Zip

Country

32168

Volusia

32168

Volusia

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMS, BETTY D**
CITY-ST-ZIP **520 MARY AVE
NEW SMYRNA BEACH FL 32168**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **CUTTER, EDNA L**
CITY-ST-ZIP **822 CANAL RAF 38 EAYENA TAR
NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *Leona McRae*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *Willie B. Ross*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *Betty Williams*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *Curtis Wooten*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *Edna Cutter*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Leona McRae* **REQUIRED**

1/13/03 386-427-1682

CR2E037 (10/02)