

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-19-2008 90031 035 ****61.25

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DOCUMENT # N95000001240 1. Entity Name NEW HOPE BAPTIST TEMPLE, INC.					
Principal Place of Business 9900 103RD ST JACKSONVILLE FL 32210 US			Mailing Address 9900 103RD ST JACKSONVILLE FL 32210 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3365131	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLDT, CHARLES E 8722 BARCO LANE JACKSONVILLE FL 32244			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 CHARLES E. BOLDT DATE 2/6/08					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO BOLDT, CHARLES E 8722 BARCO LANE JACKSONVILLE FL 32244	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CARTER, DONALD R 8805 BARCO LANE JACKSONVILLE FL 32222	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VASQUEZ, JESS 5566 OREGON TRAIL MIDDLEBURG FL 32068	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS CARTER, DONALD R 8805 BARCO LANE JACKSONVILLE FL 32222	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CHARLES BOLDT, PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/7/08		