2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
03-07-2005 90259 023 ****70.00
04-08-2005 90080 032 *****8.75

DOCUMENT # N96000001393

1. Entity Name
HOPEFUL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
289 S.E. HOPEFUL DRIVE LAKE CITY, FL 32025 US	289 S.E. HOPEFUL DRIVE LAKE CITY, FL 32025 US

DO NOT WRITE IN THIS SPACE

02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3423173
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RODNEY, DR.
~~RT 6 BOX 1371~~ 289 SE Hopeful Drive
LAKE CITY, FL 32025

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KERCE, JOHN D
STREET ADDRESS	~~RT 2 BOX 308~~ 8734 SW Tustenugee Rd
CITY-ST-ZIP	LAKE CITY, FL ~~32055~~ 32024
TITLE	DV
NAME	MCCALL, LEON
STREET ADDRESS	~~RT 3 BOX 360~~ 4180 SE High Falls Dr.
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	DV
NAME	HARDEN, JAMES R
STREET ADDRESS	~~RT 1 BOX 110~~ 11913 SE Co. Rd. 245
CITY-ST-ZIP	LULU, FL 32061
TITLE	D
NAME	DICKS, J L
STREET ADDRESS	~~RT 3 BOX 355~~ 190 SW Riverside Ave
CITY-ST-ZIP	~~LAKE CITY, FL 32025~~ Ft White, FL 32038
TITLE	D
NAME	DICKS, HARRY
STREET ADDRESS	~~RT 1 BOX T30~~ 1676 SE Family Rd.
CITY-ST-ZIP	LULU, FL 32061
TITLE	DP
NAME	DICKS, CLEDAS
STREET ADDRESS	~~RT 3 BOX 368~~ 4514 High Falls Dr.
CITY-ST-ZIP	LAKE CITY, FL 32025

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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: Ronald Harden 4-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #