

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001393

1. Entity Name
HOPEFUL BAPTIST CHURCH, INC.



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

Mailing Address
**289 S.E. HOPEFUL DRIVE
LAKE CITY, FL 32025 US**



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAKER, RODNEY DR.
289 SE HOPEFUL DRIVE
LAKE CITY, FL 32025**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

2/8/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERCE, JOHN D 8734 SW TUSTENUGGER ROAD LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCALL, LEON 4180 SE HIGH FALLS DR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARDEN, JAMES R 11913 SE CO RD 245 LULU, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, J L 190 SW RIVERSIDE AVE. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, HARRY 1676 SE FAMILY ROAD LULU, FL 32061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKS, CLEDAS 4514 HIGH FALLS DR LAKE CITY, FL 32025

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04/10/07-80057-004 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07
Date

Daytime Phone #