
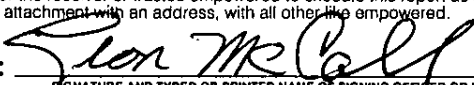


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 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		
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 59-3423173	
Zip		Country		5. Certificate of Status Desired <input checked="" 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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D KERCE, JOHN D 8734 SW TUSTENUGGER ROAD LAKE CITY, FL 32024 <input type="checkbox"/> Delete			000000876457 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/11/08-80073-017 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCALL, LEON 4180 SE HIGH FALLS DR LAKE CITY, FL 32025 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARDEN, JAMES R 11913 SE CO RD 245 LULU, FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, J L 190 SW RIVERSIDE AVE. FORT WHITE, FL 32038 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, HARRY 1676 SE FAMILY ROAD LULU, FL 32061 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKS, CLEDAS 4514 HIGH FALLS DR LAKE CITY, FL 32025 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date _____ Daytime Phone # _____	