

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003863

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** NEW HOPE FREE WILL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3101 SYDNEY DOVER RD.  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 382  
DOVER, FL 33527

**New Mailing Address:**

**FEI Number:** 59-3358852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLDS, BARBARA  
1904 N. BARNES ST.  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

OLDS, BARBARA  
1904 N. BARNES ST.  
PLANT CITY, FL 33563 US

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.

SIGNATURE: \_\_\_\_\_

04/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLDS, BARBARA  
Address: 1904 N. BARNES STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: DANIELS, LINDA  
Address: 7073 STAFFORD ROAD  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: ROBERTS, NONIE  
Address: 4521 FRITZKE ROAD  
City-St-Zip: DOVER, FL 33527

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA OLDS

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date