


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N96000003995 (5)**  
1. Corporation Name

**NEW HOPE MISSIONARY BAPTIST CHURCH OF LAKE CITY, INC.**



Principal Place of Business <b>P.O. BOX 7067 LAKE CITY FL 32055-7067</b>	Mailing Address <b>P.O. BOX 7067 LAKE CITY FL 32055-0067</b>
---	---

3. Date Incorporated or Qualified <b>07/29/1996</b>	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ARTHUR (MICHAEL) LUKE  
703 EAST WASHINGTON STREET  
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CADE, MATTIE MRS.</b>	
STREET ADDRESS	<b>RT. 7, BOX 508</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D/T</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNS, DELOIS MRS.</b>	
STREET ADDRESS	<b>707 EAST WASHINGTON STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FULGER, LULA MAE MRS.</b>	
STREET ADDRESS	<b>WALDRON ROAD</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FICKLIN, JENNEL MS.</b>	
STREET ADDRESS	<b>703 EAST WASHINGTON STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D/C/D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEACON ARTHUR (MICHAEL) LUKE</b>	
STREET ADDRESS	<b>703 EAST WASHINGTON STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D/S Fulger, Joanna MRS</b>
1.3 STREET ADDRESS	<b>P.O. Box 504 N/A</b>
1.4 CITY-ST-ZIP	<b>Lake City, FL, 32055</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Bradley, Lisa</b>
2.3 STREET ADDRESS	<b>155 MONTROSE AVE</b>
2.4 CITY-ST-ZIP	<b>Lake City, FL, 32055</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Amanda Luke</b>
3.3 STREET ADDRESS	<b>703 EAST WASHINGTON ST,</b>
3.4 CITY-ST-ZIP	<b>Lake City, FL, 32055</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>XROSS MAXINE</b>
4.3 STREET ADDRESS	<b>707 east Washington St,</b>
4.4 CITY-ST-ZIP	<b>Lake City, FL, 32055</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED **Jennell Ficklin** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000697

CR2E037 (9/96)