

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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

Mailing Address

P.O. BOX 7067  
LAKE CITY FL 32055-7067

P.O. BOX 7067  
LAKE CITY FL 32055-0067

3. Date Incorporated or Qualified  
**07/29/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **CADE, MATTIE MRS.**  
STREET ADDRESS **RT. 7, BOX 508**  
CITY-ST-ZIP **LAKE CITY FL 32055**

1.1 TITLE **D/S** ☐ Change ☒ Addition  
1.2 NAME **Fulger, Joanna Mrs**  
1.3 STREET ADDRESS **P.O. Box 504 N/A**  
1.4 CITY-ST-ZIP **Lake City, FL, 32055**

TITLE **D/T** ☐ DELETE  
NAME **JOHNS, DELOIS MRS.**  
STREET ADDRESS **707 EAST WASHINGTON STREET**  
CITY-ST-ZIP **LAKE CITY FL 32055**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Bradley, Lisa**  
2.3 STREET ADDRESS **155 MONTROSE AVE**  
2.4 CITY-ST-ZIP **Lake City, FL, 32055**

TITLE **D** ☐ DELETE  
NAME **FULGER, LULA MAE MRS.**  
STREET ADDRESS **WALDRON ROAD**  
CITY-ST-ZIP **LAKE CITY FL 32055**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Amanda Luke**  
3.3 STREET ADDRESS **703 EAST WASHINGTON ST.**  
3.4 CITY-ST-ZIP **Lake City, FL, 32055**

TITLE **D** ☐ DELETE  
NAME **FICKLIN, JENNEL MS.**  
STREET ADDRESS **703 EAST WASHINGTON STREET**  
CITY-ST-ZIP **LAKE CITY FL 32055**

4.1 TITLE **X** ☐ Change ☒ Addition  
4.2 NAME **JENNEL**  
4.3 STREET ADDRESS **707 East Washington St.**  
4.4 CITY-ST-ZIP **Lake City, FL, 32055**

TITLE **D/C/D** ☐ DELETE  
NAME **DEACON ARTHUR (MICHAEL) LUKE**  
STREET ADDRESS **703 EAST WASHINGTON STREET**  
CITY-ST-ZIP **LAKE CITY FL 32055**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 # 0000597

CR2E037 (9/96)