

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90178 040 \*\*\*\*61.25

**DOCUMENT # N96000004713**

1. Entity Name

NEW HOPE BAPTIST CHURCH OF PORT ORANGE, INC.



Principal Place of Business

1675 TAYLOR RD  
PT ORANGE FL 32124  
US

Mailing Address

1675 TAYLOR RD  
PORT ORANGE FL 32124  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3416299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, GUY  
1215 JEFFERY DRIVE  
PORT ORANGE FL 32129

Name **VERNON BUCHANAN**

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

**100 HARPER'S FERRY DR**

City **DAYTONA BEACH**

**FL**

Zip Code

**32119**

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

*Vernon Buchanan*  
**VERNON BUCHANAN, TREASURER/DIRECTOR**

*March 3, 2005*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☒ Delete  
NAME **BRADLEY, JOHN**  
STREET ADDRESS **1937 BIG CRANE LOOP**  
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **PD** ☒ Delete  
NAME **BATCHELOR, BILL**  
STREET ADDRESS **846 CHICKADEE DR.**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VPD** ☒ Delete  
NAME **WELLS, GUY**  
STREET ADDRESS **1215 JEFFERY DR.**  
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **S** ☐ Delete  
NAME **BUCHANAN, VERNON**  
STREET ADDRESS **100 HARPER'S FERRY**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **T** ☐ Delete  
NAME **BARNES, KURT**  
STREET ADDRESS **733 HORSEMAN DR.**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **JOHN WOOD**  
STREET ADDRESS **5588 MOSSY OAK LANE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VERNON BUCHANAN**  
STREET ADDRESS **100 HARPER'S FERRY DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE ☒ Change ☐ Addition  
NAME **KURT BARNES**  
STREET ADDRESS **733 HORSEMAN DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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

*John Wood* **March 3, 2005**

Date

Daytime Phone #

**386-756-0102**