2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N96000004713 1. Entity Name 02-20-2006 90048 003 ****70.00 NEW HOPE BAPTIST CHURCH OF PORT ORANGE, INC. Principal Place of Business Mailing Address 1675 TAYLOR RD 1675 TAYLOR RD PT ORANGE FL 32124 PORT ORANGE FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3416299 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCHANAN, VERNON 100 HARPER'S FERRY DR Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32119 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to *> \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete ☐ Change ☐ Addition WOOD, JOHN NAME NAME 5588 MOSSY OAK LANE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32127 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition BUCHANAN, VERNON NAME NAME 100 HARPER'S FERRY STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32119 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE Addition MAGNUSON, WARREN 3550-D FOREST PARVE BRANCH DREVE BARNES, KURT NAME NAME STREET ADDRESS 733 HORSEMAN DR. STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 PORT ORANGE FL 32129 CITY-ST-ZIP TITLE ☐ Delete ___ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

FILED

Feb 20, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Vernon Ruchanan Vernon Buchanan 2/5/06 (386) 253-6222 ext2112