

DOCUMENT # N96000004713

1. Entity Name

NEW HOPE BAPTIST CHURCH OF PORT ORANGE, INC.



FILED
Mar 06, 2007 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

 1675 TAYLOR RD
 PT ORANGE FL 32124
 US

 1675 TAYLOR RD
 PORT ORANGE FL 32124
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

 BUCHANAN, VERNON
 100 HARPER'S FERRY DR
 DAYTONA BEACH FL 32119

Name

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

City

FL

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

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, 2007

 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 PD ☐ Delete
 NAME WOOD, JOHN
 STREET ADDRESS 5588 MOSSY OAK LANE
 CITY-STATE-ZIP PORT ORANGE FL 32127

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

 U00000657390
 03/14/07-80067-005 61.25

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

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

 TITLE SD ☐ Delete
 NAME MAGNUSON, WARREN
 STREET ADDRESS 3550-D FOREST BRANCH DR
 CITY-STATE-ZIP PORT ORANGE FL 32129

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

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

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.

 SIGNATURE: *Vernon Buchanan* Vernon Buchanan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Feb 22, 2007 386-239-2112
 Date Daytime Phone 4