


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 045 ****70.00

DOCUMENT # N97000001515 1. Entity Name NEW HOPE BAPTIST CHURCH, HOLMES ASSOCIATION, INC.			
Principal Place of Business 1954 HWY #2 WESTVILLE, FL 32464 US		Mailing Address 1954 HWY #2 WESTVILLE, FL 32464 US	
2. Principal Place of Business - No P.O. Box # 1954 Hwy 2 Suite, Apt. #, etc.		3. Mailing Address 1954 Hwy 2 Suite, Apt. #, etc.	
City & State Westville FL Zip 32464 Country USA		City & State Westville FL Zip 32464 Country USA	
6. Name and Address of Current Registered Agent DEAL, ROGER L 1885 HWY #2 WESTVILLE, FL 32464		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Roger L. Deal</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 COMMANDER, JACK 1408 HWY. 179 A WESTVILLE, FL 32464 <input checked="" type="checkbox"/> Delete	TITLE	D Roger L. Deal 1885 Hwy 2 Westville FL 32464 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GALLOWAY, JOE B 1797 HWY 2 WESTVILLE, FL 32464 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TRAMMELL, TERRY 188 HWY. 2 WESTVILLE, FL 32464 <input checked="" type="checkbox"/> Delete	TITLE	D Russell Dittio 1482 Goodwin circle Bonifay FL 32405 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DEAL, GARY 1974 HWY 2 WESTVILLE, FL 32464 <input checked="" type="checkbox"/> Delete	TITLE	D Steve Hughes 804 Beck Place Geneva AL 36340 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-8-07 850-956-5702