2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002272

1. Entity Name
NEW HOPE BAPTIST CHURCH OF NORTHWEST FLA. INC.

Principal Place of Business	Mailing Address
108 AURORA STREET VALPARAISO, FL 32580	PO BOX 536 VALPARAISO, FL 32580

DO NOT WRITE IN THIS SPACE

01262004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3231593	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JINKS, RICHARD
1706 SYCAMORE STREET
NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	05/05/04--00071--017 61.25

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENTON, ROBERT
STREET ADDRESS	1604 23RD STREET
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	DTDV
NAME	POWELL, LARRY D
STREET ADDRESS	1600 27TH ST.
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	DS
NAME	FINLAYSON, JAMES A
STREET ADDRESS	109 QUINCE ST.
CITY-ST-ZIP	NICEVILLE, FL 32578

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Sharon M. Harris*   Sharon M. Harris   3/30/04   850-478-4399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Church Treasurer