


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 018 ****70.00

DOCUMENT # N99000001789	
1. Entity Name HOPE FELLOWSHIP BAPTIST CHURCH OF CAMPVILLE, FL INC.	

Principal Place of Business 1300 N.E. 190 TERR. HAWTHORNE, FL 32640	Mailing Address 1300 N.E. 190 TERR. HAWTHORNE, FL 32640
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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



02062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3568073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEWART, JOHN B 17118 N.E. 70TH AVE. HAWTHORNE, FL 32640		Name JARVIS, PAUL W	
		Street Address (P.O. Box Number is Not Acceptable)	
		2716 N.E. 2ND Avenue	
		City OCALA	Zip Code FL 34470

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 T.S. Barbara R Swilley Barbara R. Swilley 03.02.07
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, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, JOHN B 17118 NE 70TH AVE HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARVIS, PAUL W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2716 N.E. 2 Avenue OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARVIS, PAUL 337 NE 596 AVE OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWILLEY, William K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1462 SE 43 PI Hawthorne FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEWART, VIRGINIA E 17118 NE 70TH AVE HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SWILLEY, Barbara R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1462 SE 43 PI Hawthorn FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWILLEY, WILLIAM K 14621 SE 43RD PL HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JARVIS, ROSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2716 NE 2 Avenue OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECKHAM, CATHERINE RT 2 BOX 171 HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 117 LAKE SALLEE PR Hawthorn FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKETT, ETHEL 9009 FAIRGLADE DR S JACKSONVILLE, FL 32221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, BARBARA R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: T.S. Barbara R Swilley BARBARA R Swilley 03-02-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-481-7025