

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001789

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** HOPE FELLOWSHIP BAPTIST CHURCH OF CAMPVILLE,FL INC.

**Current Principal Place of Business:**

1300 N.E. 190 TERR.  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

1300 N.E. 190 TERR.  
HAWTHORNE, FL 32640

**New Mailing Address:**

**FEI Number:** 59-3568073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JARVIS, PAUL W  
2716 NE 2ND AVE  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

SWILLEY, WILLIAM K  
14621 SE 43RD PLACE  
HAWTHORNE, FL 32640 US

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.

SIGNATURE: SWILLEY, WILLIAM K.

03/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: SWILLEY, BARBARA R  
Address: 1462 SE 43 PL  
City-St-Zip: HAWTHORNE, FL 32640

Title: P ( ) Delete  
Name: JARVIS, PAUL  
Address: 2716 NE 2 AVENUE  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: JARVIS, ROSE  
Address: 2716 NE 2 AVE  
City-St-Zip: OCALA, FL 34470

Title: VP ( ) Delete  
Name: SWILLEY, WILLIAM K  
Address: 14621 SE 43RD PL  
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete  
Name: MASTERS, JAMES  
Address: 117 LAKE QALILIEE DR  
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete  
Name: SMITH, REUB  
Address: 5504 SE COUNTY RD 346  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SWILLEY, WILLIAM K  
Address: 14621 SE 43RD PLACE  
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Change ( ) Addition  
Name: SMITH, REUB  
Address: P.O. BOX 592  
City-St-Zip: HAWTHORNE, FL 32640

Title: VP (X) Change ( ) Addition  
Name: JARVIS, PAUL W  
Address: 2716  
City-St-Zip: OCALA, FL 34470

Title: T (X) Change ( ) Addition  
Name: SMITH, SARA L  
Address: P.O. BOX 1423  
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Change ( ) Addition  
Name: ALSIP, LOIS A  
Address: P.O. BOX 1423  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K. SWILLEY

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date