

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737495

Entity Name: NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.

FILED
Apr 09, 2024
Secretary of State
4714608971CC

Current Principal Place of Business:

SR-121
CR 1493
LACROSSE, FL 32658

Current Mailing Address:

SR-121
P.O. BOX 174
LACROSSE, FL 32658

FEI Number: 59-1723853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAFT, HELEN TAYLOR
9418 NW 222 AVE
ALACHUA, FL 32615 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: HELEN TAYLOR CRAFT

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HINES, MARY K.
Address 19714 N.W. 29 TERR.
City-State-Zip: BROOKER FL 32622

Title TREASURER
Name WILSON, REBA SUE TD
Address PO BOX 106
City-State-Zip: LACROSSE FL 32658

Title SECRETARY
Name CRAFT, HELEN TAYLOR
Address 12615 W SR 238
PO BOX 13
City-State-Zip: LAKE BUTLER FL 32054

Title ASST. TREASURER
Name JAMES, AMANDA
Address 16718 NW CR 231
City-State-Zip: GAINESVILLE FL 32609

Title CHAIRMAN
Name HAZEN, JACK E
Address 13870 SW 175 AVE
City-State-Zip: BROOKER FL 32622

Title VC
Name THOMAS, DWIGHT
Address 21825 NW 29 TERR
City-State-Zip: BROOKER FL 32622

Title DIRECTOR
Name COLSON, MARK
Address 24019 N SR 121
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name ANDERSON, MARY
Address 17351 NW 238 TERR
City-State-Zip: HIGH SPRINGS FL 32643

I hereby 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 all other like empowered.

SIGNATURE: HELEN TAYLOR CRAFT

SECRETARY

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date