

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737495

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

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC7090886937**

**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: Yes**

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

HINES, MARY K  
19714 NW 29TH TERR  
BROOKER, FL 32622 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           STD  
Name           VAUGHN, DIANNA  
Address       3128 WEST SR 235  
City-State-Zip: BROOKER FL 32622

Title           VD  
Name           THOMAS, R G  
Address       3026 W SR 235  
City-State-Zip: BROOKER FL 32622

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

*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: MARY K. HINES**

**TREASURER**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date