## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 737495** 

Entity Name: NEW HOPE PRIMITIVE BAPTIST CHURCH CEMETERY

ASSOCIATION, INC.

FILED
Apr 19, 2021
Secretary of State
2139581013CC

## **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:

HOWARD, SARAH T SD 6188 SW COUNTY RD 18A LAKE BUTLER, FL 32054 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: SARAH T HOWARD 04/19/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SD Title VD

NameHOWARD, SARAH TNameTHOMAS, R GAddress6188 SW COUNTY RD 18AAddress3026 W SR 235

City-State-Zip: LAKE BUTLER FL 32054 City-State-Zip: BROOKER FL 32622

Title PD Title D

NameHAZEN, JACK ENameHINES, MARY K.Address13870 SW 175 AVEAddress19714 N.W. 29 TERR.

City-State-Zip: BROOKER FL 32622 City-State-Zip: BROOKER FL 32622

Title TD

Name WILSON, REBA SUE TD

Address PO BOX 106

City-State-Zip: LACROSSE FL 32658

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: HOWARD, SARAH T

MANAGER/AUTHORIZED MANAGER

04/19/2021