

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001908

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

**Current Principal Place of Business:**

943 W STORY RD  
WINTER GARDENS, FL 34787

**Current Mailing Address:**

PO BOX 771048  
WINTER GARDEN, FL 34777-1048 US

**FEI Number:** 27-0004657

**Certificate of Status Desired:** No

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

ROBERTS, RODNEY  
943 W STORY RD  
WINTER GARDENS, FL 34787 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 PD  
Name BLANCHARD, GLENN A  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

Title TD  
Name PHILLIPS, CARROLL  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

Title D  
Name MILES, ROY A  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

Title VD  
Name MCSWAIN, WILLIAM  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

Title SD  
Name ROBERTS, RODNEY  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

Title D  
Name MORTON, CHRIS  
Address PO BOX 771048  
City-State-Zip: WINTER GARDEN FL 34777-1048

*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: RODNEY M ROBERTS**

**SECRETARY/D**

**04/21/2015**

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

\_\_\_\_\_  
Date