

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001964

Entity Name: NEW HOPE MISSIONARY BAPTIST CHURCH OF LYNN HAVEN,
FLORIDA, INC.**FILED**
Apr 24, 2014
Secretary of State
CC9160765475**Current Principal Place of Business:**1401 IOWA AVENUE
LYNN HAVEN, FL 32444**Current Mailing Address:**1401 IOWA AVENUE
LYNN HAVEN, FL 32444**FEI Number: 20-1643484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCOTT, ZEINFORD
902 EAST 15TH STREET
LYNN HAVEN, FL 32444 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	P
Name	SMITH, JULIOUS
Address	1312 MICHIGAN AVENUE
City-State-Zip:	LYNN HAVEN FL 32444

Title	VP
Name	WHITE, ALONZA JR.
Address	815 MERCEDES AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	MEM
Name	CAMPBELL, CLARENCE R
Address	415 SOUTH STAR AVE
City-State-Zip:	PANAMA CITY FL 32404

Title	TREA
Name	SCOTT, ZEINFORD
Address	902 EAST 15TH STREET
City-State-Zip:	LYNN HAVEN FL 32444

Title	MEM
Name	MARELL, ROBERT L
Address	736 EAST PINE FORREST DRIVE
City-State-Zip:	LYNN HAVEN FL 32444

Title	MEM
Name	SMITH, TIMOTHY
Address	1502 INDIANA AVE
City-State-Zip:	LYNN HAVEN FL 32444

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: CLARENCE R CAMPBELL**MEMBER****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date