

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009949

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC9345761540**

**Entity Name:** NEW HOPE MISSIONARY BAPTIST CHURCH OF HILLSBOROUGH COUNTY, INC.

**Current Principal Place of Business:**

3005 EAST ELLICOTT STREET  
TAMPA, FL 33610-2135

**Current Mailing Address:**

3005 EAST ELLICOTT STREET  
TAMPA, FL 33610-2135 US

**FEI Number: 56-2539276**

**Certificate of Status Desired: Yes**

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

SIVYER BARLOW & WATSON PA  
401 E JACKSON ST, SUITE 2225  
TAMPA, FL 33602 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 TRUSTEE  
Name JORDAN, LARRY L  
Address 3005 E ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title CHAIRMAN  
Name SMITH, STANLEY R  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title SECRETARY  
Name REED, IAN  
Address 3005 E ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title TRUSTEE  
Name NORMAN, EDDIE B  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title TRUSTEE  
Name THOMPSON, WILLIE  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title VC  
Name GARDNER, RONALD  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title TRUSTEE  
Name MEANS, JR., JOSEPH  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

Title TRUSTEE  
Name BLACK, CLARENCE  
Address 3005 EAST ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610-2135

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*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: STANLEY R. SMITH**

**CHAIRMAN**

**01/17/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name THOMPSON, JAMES  
Address 3005 E ELLICOTT STREET  
City-State-Zip: TAMPA FL 33610