

7-14-97 B-7952 C
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 Jul 14 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749827 (2)

1. Corporation Name
THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business 4010 N. NEBRASKA AVENUE TAMPA FL 33603	Mailing Address P.O. BOX 310387 TAMPA FL 33680-0387
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3. Date Incorporated or Qualified 11/16/1979	3a. Date of Last Report 07/08/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1950256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOHNSON, ELLIOTT L.
 2707 N. 34TH ST.
 TAMPA FL 33605**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDB	<input type="checkbox"/> DELETE	1.1 TITLE PC D Rupert Edwards	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COOKE, LENOX		1.2 NAME	
STREET ADDRESS 5310 N. ROME		1.3 STREET ADDRESS 13144 N. 22nd st # 203	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL 33612	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLLOWAY, CRAIG		2.2 NAME Donald L. Downridge Jr	
STREET ADDRESS 3519 DEL LAGO CIR. #282		2.3 STREET ADDRESS P.O. Box 22722	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL 33622	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, ROSEMARY C		3.2 NAME Willie G. Dixon	
STREET ADDRESS 2707 N. 34 ST.		3.3 STREET ADDRESS 1333 W. Cass st	
CITY-ST-ZIP TAMPA FL 33605		3.4 CITY-ST-ZIP Tampa, FL 33607	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEONHARD, MARK		4.2 NAME Joseph Brown	
STREET ADDRESS 5220 N SR 579 LOT 75		4.3 STREET ADDRESS 18510 Otterwood Ave	
CITY-ST-ZIP SEFFNER FL		4.4 CITY-ST-ZIP Tampa, FL 33647	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUSMIAN, PAMELA		5.2 NAME	
STREET ADDRESS 2109 31ST AVE #598		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, KATHERINE		6.2 NAME	
STREET ADDRESS 9000 E JEFFERSON AVE, APT 19-15		6.3 STREET ADDRESS	
CITY-ST-ZIP DETROIT MI		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ **Rosemary C. Johnson 7-1-97**

CR2E037 (9/96)