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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765481 (7)
1. Corporation Name
NEW HOPE PENTECOSTAL CHURCH, INC.

Principal Place of Business 920 GANO AVENUE ORANGE PARK FL 32073	Mailing Address 920 GANO AVENUE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1982	3a. Date of Last Report 05/12/1994
4. FEI Number 59-2998644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. County	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. County
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9. Name and Address of Current Registered Agent

**THOMPSON, LUCIOUS W
1907 MILLER STREET
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and tax ID applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, LUCIOUS W.
STREET ADDRESS	1907 MILLER ST
CITY- ST- ZIP	ORANGE PARK FL 32073
TITLE	PD
NAME	THOMPSON, ESSIE LEE
STREET ADDRESS	1907 MILLER ST
CITY- ST- ZIP	ORANGE PARK FL 32073
TITLE	ASPD
NAME	HILL, WALTER L
STREET ADDRESS	3009 DIGNAN ST.
CITY- ST- ZIP	JACKSONVILLE FL 32254
TITLE	D
NAME	ROBERTS, LARRY VERNON
STREET ADDRESS	2535 JAMMES ROAD, APT. #46
CITY- ST- ZIP	JACKSONVILLE FL 32210
TITLE	S
NAME	RICKS, ANNETTE E
STREET ADDRESS	1747 CAPITOL CIRCLE N.E.
CITY- ST- ZIP	TALLAHASSEE FL 32308
TITLE	D
NAME	FLOYD, THERESA
STREET ADDRESS	1035 MILLER STREET
CITY- ST- ZIP	ORANGE PARK FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	700001476727
14. CITY- ST- ZIP	-05/05/95--01010--001
	*****61.25 *****61.25
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	700001476727
24. CITY- ST- ZIP	-05/05/95--01010--002
	*****8.75 *****8.75
31. TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Walter L. Hill
33. STREET ADDRESS	3009 Dignan St.
34. CITY- ST- ZIP	JACKSONVILLE FL 32254
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Annette E. Ricks
53. STREET ADDRESS	1851 Yukon Ct.
54. CITY- ST- ZIP	Middleburg FL 32068
61. TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	Theresa Floyd
63. STREET ADDRESS	1935 Miller St.
64. CITY- ST- ZIP	Orange Park FL 32073

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bishop Lucious W. Thompson May 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)
(904) 278-0180