

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770480 (2)

1. Corporation Name

NEW HOPEWELL FAMILY WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

3101 NW 46TH ST.  
MIAMI FL 33142  
US

8043 NW 14TH AVE.  
MIAMI FL 33147  
US

3. Date Incorporated or Qualified  
09/29/1983

3a. Date of Last Report  
06/26/1995

21 2. Principal Place of Business  
21 3101 N.W. 46th St

2a. Mailing Address  
26 8043 N.W. 14th Ave

4. FEI Number  
59-2345606

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
22 Miami FL

27 Suite, Apt. #, etc.  
27 Miami

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
23 Florida

28 City & State  
28 Florida

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip  
24 33142

25 Country  
25 USA

29 Zip  
29 33147

30 Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, REV. GEORGE ROBERT  
8043 NW 14TH AVE.  
MIAMI FL 33147

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD  
NAME DAVIS, REV. GEORGE R.  
STREET ADDRESS 8043 NW 14 AVE.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME DAVIS, NETTIE  
STREET ADDRESS 8043 NW 14 AVE.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME MAJOR, JOHN  
STREET ADDRESS 17530 NW 27TH COURT  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME WILSON, DELTRA ANN  
STREET ADDRESS 2435 NW 87TH TERR  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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: *Nettie Davis* NETTIE DAVIS

5/23/96 (305) 836-4717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)