

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N93000000902 (7)**

1. Corporation Name

HOPE COMMUNITY COVENANT CHURCH, INC.

FILED
95 JUL 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

BLACK, JAMES
75 SANDPIPER WAY
BOYNTON BEACH FL 33462
US

BLACK, JAMES
75 SANDPIPER WAY
BOYNTON BEACH FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1993** 3a. Date of Last Report **07/13/1994**

4. FEI Number **65-0413125** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3767 Lake Worth Road**

26 **3767 Lake Worth Road**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103**

27 **Suite 103**

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

City & State

City & State

23 **Lake Worth, Florida**

28 **Lake worth, Florida**

7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental Tax Exempt Status Fee Not Required**

Zip

Country

24 **32461**

25 **USA**

Zip

Country

29 **32461**

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

MIERICKE, KURT
SOUTHEAST CONFERENCE
BOX 146, 11929 E COLONIAL DR
ORLANDO FL 32826

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 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

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 12

TITLE **D**
NAME **BLACK, JAMES R.**
STREET ADDRESS **75 SANDPIPER WAY**
CITY-ST-ZIP **BOYTON BEACH FL**

1.1 TITLE **C** Change Addition
1.2 NAME **David C. Wright**
1.3 STREET ADDRESS **970 Citrus Place**
1.4 CITY-ST-ZIP **Wellington, FL. 33414**

TITLE **D**
NAME **WARREN, STEVE**
STREET ADDRESS **13763 NORWICH STREET**
CITY-ST-ZIP **WELLINGTON FL**

2.1 TITLE **D** Change Addition
2.2 NAME **Warren, Steve P.**
2.3 STREET ADDRESS **13763 Norwich Street**
2.4 CITY-ST-ZIP **Wellington, FL. 33414**

TITLE **D**
NAME **OSTER, HAROLD**
STREET ADDRESS **9899 SUN POINT DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE **T** Change Addition
3.2 NAME **Oster, Harold A.**
3.3 STREET ADDRESS **9899 Sun Pointe Drive**
3.4 CITY-ST-ZIP **Boynton Bch, FL. 33487-3337**

TITLE **S**
NAME **MCCOY, IVONNE**
STREET ADDRESS **2140 A WHITE PINE CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE **S** Change Addition
4.2 NAME **McCoy, Ivonne**
4.3 STREET ADDRESS **2140-A White Pine Circle**
4.4 CITY-ST-ZIP **West Palm Beach, FL. 33415**

TITLE **T**
NAME **WARREN, JEAN**
STREET ADDRESS **13763 NORWICH STREET**
CITY-ST-ZIP **WELLINGTON FL**

5.1 TITLE **D** Change Addition
5.2 NAME **Shinabery, Jamie L.**
5.3 STREET ADDRESS **824 Banyan Drive**
5.4 CITY-ST-ZIP **West Palm Beach, FL. 33415**

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 110.07(3)(4), 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: *Harold Oster* **Harold Oster**

4/28/95 (407) 437-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number