

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000902 (7)**

1. Corporation Name

HOPE COMMUNITY COVENANT CHURCH, INC.



Principal Place of Business

3767 LAKE WORTH ROAD
103
LAKE WORTH FL 33461
US

Mailing Address

BLACK, JAMES
75 SANDPIPER WAY
BOYNTON BEACH FL 33462
US

3. Date Incorporated or Qualified
02/19/1993

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0413125

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

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 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, DAVID C	
STREET ADDRESS	970 CITRUS PLACE	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, STEVE	
STREET ADDRESS	13763 NORWICH STREET	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OSTER, HAROLD A	
STREET ADDRESS	9879 SUN POINT DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, IVONNE	
STREET ADDRESS	2140 A WHITE PINE CIRCLE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHINABERY, JAMIE L	
STREET ADDRESS	834 BANYAN DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Black, James R.	
1.3 STREET ADDRESS	75 Sandpiper Way	
1.4 CITY - ST - ZIP	Boynton Beach, FL 33462	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Castillo, Susan	
4.3 STREET ADDRESS	2937 Via Vizcaya	
4.4 CITY - ST - ZIP	Lake Worth, FL 33461	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James R. Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96
Date

407-642-7520
Daytime Phone #

CR2E037 (12/95)