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Jul 08 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 # 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 33462-7378 US
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3. Date Incorporated or Qualified 02/19/1993	3a. Date of Last Report 06/14/1996
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2. Principal Place of Business 21 Crystal Lakes Comm. School	2a. Mailing Address
Suite, Apt. #, etc. 22 6050 Gateway Blvd.	Suite, Apt. #, etc. 27
City & State 23 Boynton Bch, FL	City & State 28
Zip 24 33437	Country 25 USA
	Country 30

4. FEI Number 65-0413125	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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

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

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

TITLE	C <input type="checkbox"/> DELETE
NAME	BLACK, JAMES R
STREET ADDRESS	75 SANDPIPER WAY
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D <input checked="" 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 type="checkbox"/> DELETE
NAME	CASTILLO, SUSAN
STREET ADDRESS	2937 VIA VIZCAYA
CITY-ST-ZIP	LAKE WORTH 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	Director <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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Oster, Harold A.
3.3 STREET ADDRESS	9879 Sun Point Drive
3.4 CITY-ST-ZIP	Boynton Beach, FL. 33437
4.1 TITLE	Director <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	Lakeworth, Florida.
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 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 _____ DATE **5/1/97**

CR2E037 (9/96)

561-488-8260
561-732-1465