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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000902

1. Corporation Name
HOPE COMMUNITY COVENANT CHURCH, INC.

Principal Place of Business CRYSTAL LAKES COMMUNITY SCHOOL 6050 GATEWAY BLVD BOYNTON BCH FL 33437 US	Mailing Address BLACK JAMES 75 SANDPIPER WAY BOYNTON BEACH FL 33462 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0413125
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D BLACK, JAMES R 75 SANDPIPER WAY BOYNTON BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/T John E. Clarke 1150 Stonybrook Ln Boynton Beach, FL 33437-1621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D/C OSTER, HAROLD A 9879 SUN POINT DRIVE BOYNTON BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE D/C Oster, Harold A. 9879 Sun Point Ave Boynton Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D CASTILLO, SUSAN 2937 VIA VIZCAYA LAKE WORTH FL	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D ANDERSON, JAMES W J 7384 ASHLEY SHORES CIR LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/S NEYBOGOR, JUDITH L 7740 HANAHAN PL LAKE WORTH FL 33467	<input type="checkbox"/> DELETE	5.1 TITLE D/S Neuberger, Judith L. 7740 Hanahan Pl Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *John E. Clarke* RETIRED WIFE: *Clarke* 4/19/99 (520) 733-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)