FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

San 6, 1997

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

712635

(2)

Mailing Address

NEW HOPE BIBLE CHURCH, INC.

1730 VINTAGE ST. KISSIMMEE FL 34746 1730 VINTAGE ST. KISSIMMEE FL 34746 1730 VINTAGE ST. KISSIMMEE FL 34746-4029							
					3. Date Incorporated or Qualified 04/20/1967	3a. Date of Last R 02/07/19	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26			59-2067551		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State	City & State		6. Election Campaign Financing		
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		i. 1 9 9.032,
24	25 29 9. Name and Address of Current Registered Agent		30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Addies of	Cuttern Hegistered Agent	81	Name	10. Haile and Address of the No	States of Wheter	
				Harrio			
FOX, JA			82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
93 LAKE		83					
SI. CLO	UD FL 34769				<u> </u>		
			84	City		FL 85 Zip	Code
11 Purcuant I	o the provisions of Sections 6	17 0502 and 617 1508 Florida Statute	s the above	-named co	rowation submits this statement for the n		its registered
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 regis	tered agent and title if applicable (NOTE	: Registered Age	ni signatura req	ulred when reinstating)	DATÉ	
12.	OFFICE	RS AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TOLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	FOX. JAMES E		1.2 NAME				
STREET ADDRESS	93 LAKEVIEW DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-S	T-ZIP		347	69
TITLE	DT	DELETE	2.1 TITLE			Change	L Addition
NAME	SHEETS, JOHN		2.2 NAME				
STREET ADDRESS	2117 CECILE ST.		2.3 STREET ADDRESS				
City-St-ZIP	KISSIMMEE FL		2. 4 CITY-5	ST-ZIP	3474/		
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	TINKEL, ARTHUR 323		3.2 NAME	'			
STREET ADDRESS	5571 OKALOOSA AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	INTERCESSION CITY FL		3.4 CITY-ST-ZIP			338	
TITLE	SD DELETE 4.		4.1 TITLE		☐ Change ☐ Addition		Addition
NAME	MCCANN, MARK		4. 2 NAME				
STREET ADDRESS	702 N ROBERT ST		4.3 STREET	ADDRESS			أدد
CITY - ST - ZIP	KISSIMMEE FL		4.4 CITY-S	T-ZIP		3474	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
TITLE	DELETE 6.1		6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS		4	
CITY-ST-ZIP			6.4 CITY - S				···
14. I do hereb	by certify that the information to	supplied with this filing does not qualify	y for the exe	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	t 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							