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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712635** (2)
1. Corporation Name
NEW HOPE BIBLE CHURCH, INC.

Principal Place of Business
**1730 VINTAGE ST.
KISSIMMEE FL 34746**

Mailing Address
**1730 VINTAGE ST.
KISSIMMEE FL 34746**

3. Date Incorporated or Qualified

04/20/1967

4. FEI Number

59-2067551

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, JAMES E
93 LAKEVIEW DRIVE
ST. CLOUD FL 34769**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOX, JAMES E
93 LAKEVIEW DRIVE
ST. CLOUD FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SHEETS, JOHN
2117 CECILE ST.
KISSIMMEE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TINKEL, ARTHUR
5571 OKALOOSA AVENUE
INTERCESSION CITY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
33848

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCCANN, MARK
702 N ROBERT ST
KISSIMMEE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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.

SIGNATURE:

SIGNATURE REQUIRED

1/9/98

407/933-4888

CR2E037 (10/97)