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Feb 04 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 # **719294** (1)

1. Corporation Name

NEW HOPE MISSIONARY BAPTIST CHURCH OF ORLANDO, I NC.

Principal Place of Business

Mailing Address

**OF ORLANDO INC
1900 WAUKULA WAY
ORLANDO FL 32839-3328**

**OF ORLANDO INC
1900 WAUKULA WAY
ORLANDO FL 32839-3328**



3. Date Incorporated or Qualified
09/14/1970

3a. Date of Last Report
02/29/1996

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

4. FEI Number

59-2916631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

**JOHNS, FORD
2925 FRONTIER DR
KISSIMMEE FL 34744**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **EVANS FOREST C**
CITY-ST-ZIP **801 E MICHIGAN AVE**
ORLANDO, FL 00000

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **S**
STREET ADDRESS **WEEKS, JUDY**
CITY-ST-ZIP **3465 FOREST DR**
KISSIMMEE FL

2.2 NAME **JOHNS, FORD**
2.3 STREET ADDRESS **2925 FRONTIER DR.**
2.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **T**
STREET ADDRESS **EVANS, JEANNETTE**
CITY-ST-ZIP **801 E MICHIGAN AVE**
ORLANDO, FL 00000

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **PD**
STREET ADDRESS **WEEKS, STEVE R**
CITY-ST-ZIP **3465 FOREST DR**
KISSIMMEE FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MILLER, JACQUE H.**
CITY-ST-ZIP **202 E PRINCE AVE**
ORLANDO FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **VD**
STREET ADDRESS **JOHNS, FORD**
CITY-ST-ZIP **1214 E PINE ST**
TAFT, FL 00000

6.2 NAME
6.3 STREET ADDRESS **2925 FRONTIER DR.**
6.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**

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:

JEANNETTE EVANS
Signature and typed or printed name of signing officer or director

Date **1/6/97** Daytime Phone # **407-422-6749**

CR2E037 (9/96)