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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726064

1. Corporation Name

HOPE BAPTIST CHURCH, INC., OF FOREST CITY, FLORIDA

Principal Place of Business	Mailing Address
129 S ~~WEKIVA~~ SPRINGS RD Wekiwa APOPKA FL 32703	129 S ~~WEKIVA~~ SPRINGS RD Wekiwa APOPKA FL 32703

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country [25]	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip Country [29] [30]	3. Date Incorporated or Qualifed 04/10/1973 4. FEI Number 59-6514882 5. Certifcate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐
		Applied For ☐ Not Applicable ☐ **$8.75** Additional Fee Required **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

HADLEY, RAYMOND
133 S. WEKIVA SPRINGS RD. →
APOPKA FL 32703

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 133 S. Wekiwa Springs Rd

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HADLEY,(REV) RAYMOND 133 S. ~~WEKIVA~~ SPRINGS RD → APOPKA FL 32703	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☒ Addition 133 S. Wekiwa Springs Rd
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HINES, MARGERY C. 646 ACAPULCO WAY ALTAMONTE SPG. FL 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEARCY, WILDA 300 S. CLARCONA RD. APOPKA FL 32703	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☒ Addition TD WILKINS, STEVEN D. 2641 RAMSEY DRIVE APOPKA, FL 32703
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Raymond Hadley SIGNATURE REQUIRED Raymond Hadley 5/29/99 (407) 886-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #