

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728313 (8)

1. Corporation Name
NEW HOPE MISSIONARY BAPTIST CHURCH OF RIVIERA BEACH, INC.



Principal Place of Business: 1136 W 10TH ST, RIVIERA BEACH FL 33404 US
Mailing Address: P.O. BOX 11173, RIVIERA BEACH FL 33419

3. Date Incorporated or Qualified: 01/22/1974
3a. Date of Last Report: 06/15/1995
4. FEI Number: 59-6604853
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**JACKSON, ESTE
4886 ANDROS DR
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81 Name: **REVEREND CHARLES C. CHANDLER**
82 Street Address (P.O. Box Number is Not Acceptable): **720 DIVISION AVENUE**
83 City: **WEST PALM BEACH, FL. 33401**
84 City: **WEST PALM BEACH** FL 85 Zip Code: **33401**

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: *Charles C. Chandler* **CHARLES C. CHANDLER, PASTOR** 5/8/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JACKSON, ESTE SR	
STREET ADDRESS	4886 ANDROS DR	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	C-C	<input type="checkbox"/> DELETE
NAME	MCKELVY, EDDIE	
STREET ADDRESS	1641 W. 13TH STREET	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, HAZEL	
STREET ADDRESS	1805 W. BLUE HERON BLVD., #204-C	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, WILLIE	
STREET ADDRESS	734 DATE PALM DR	
CITY - ST - ZIP	LAKE PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AGNEW, WILLIE MAE	
STREET ADDRESS	1501 W 11TH STREET	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERTS, AMIE	
STREET ADDRESS	632 W. 2ND ST.	
CITY - ST - ZIP	RIVIERA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	151 14TH STREET
1.4 CITY - ST - ZIP	RIVIERA BEACH, FL. 33404
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADMINISTRATIVE SECRETARY
3.3 STREET ADDRESS	HAZEL JACKSON
3.4 CITY - ST - ZIP	1805 BLUE HERON BLVD, #204-C RIVIERA BEACH, FL. 33404
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIE F. JACKSON
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001033715
6.3 STREET ADDRESS	-05/22/96--01014--016
6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: *Hazel Jackson* **HAZEL JACKSON, ADMINISTRATIVE SECRETARY** 5/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5-21-96