

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

Mailing Address

1136 W 10TH ST  
RIVIERA BEACH FL 33404  
US

P.O. BOX 11173  
RIVIERA BEACH FL 33419-1173

3. Date Incorporated or Qualified  
01/22/1974

3a. Date of Last Report  
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Riviera Beach, FL

28

24 Zip 33404

29 Zip Country

4. FEI Number  
59-6604853

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

CHANDLER, CHARLES C REV.  
720 DIVISION AVE.  
WEST PALM BEACH FL 33401

81 Name Este Jackson SR.  
82 Street Address (P.O. Box Number is Not Acceptable) P.O. 151 14th Street  
83  
84 Riviera Beach FL 85 Zip Code 33404

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

*Este Jackson*

4/20/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	JACKSON, ESTE SR	
STREET ADDRESS	151 14TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
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	JACKSON, 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 F	
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Nazli Jackson* DATE: 3/10/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Nazli Jackson DATE: 3/10/97  
 DAYTIME PHONE: 803-9145

CR2E037 (9/96)