

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 22 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729711 (2)**  
 1. Corporation Name  
**NEW HOPE MISSIONARY BAPTIST CHURCH OF ENGLEWOOD, INC.**

Principal Place of Business 2100 HWY. 776 ENGLEWOOD FL 34223	Mailing Address 2100 HWY. 776 ENGLEWOOD FL 34223
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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	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/20/1974</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-6533969</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEGROW, ANNIE J.  
 1469 E. MANASOTA ROAD  
 ENGLEWOOD FL 33533**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 ANNIE J. DEGROW (NOTE: Registered Agent signature required when reinstating)  
 DATE July 28-97

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>JENNING, MARILYN</b>
STREET ADDRESS	<b>641 CITRUS ROAD</b>
CITY-ST-ZIP	<b>VENICE, FL 0</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DEGROW, ANNIE J.</b>
STREET ADDRESS	<b>1469 E. MANASOTA ROAD</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 0</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUSKIRK, NED J.</b>
STREET ADDRESS	<b>1587 E. MANASOTA ROAD</b>
CITY-ST-ZIP	<b>ENGLEWOOD, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAKE, DONALD E.</b>
STREET ADDRESS	<b>1358 JAMAICA ROAD</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, DONNIE</b>
STREET ADDRESS	<b>397 CABANA ROAD</b>
CITY-ST-ZIP	<b>VENICE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 REQUIRED ANNIE J. DEGROW July 28-97

CR2E037 (4/97)