

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:21

DOCUMENT # 732505 (3)
1. Corporation Name
NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.

Principal Place of Business Mailing Address
P. O. BOX 971026 PERRINE FL 33197 P. O. BOX 971026 PERRINE FL 33197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1975 3a. Date of Last Report 02/08/1994
4. FEI Number NOT APPLICABLE 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 10573 S.W. 174 Ter 26 P.O. Box 971026
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 PERRINE FLA. 28 PERRINE FL. 33197
Zip Country Zip Country
24 331 25 Dade 29 33157 30 Dade

9. Name and Address of Current Registered Agent THOMPSON, MAE B
17351 SW 106 AVE.
PERRINE FL 33157
10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, HARRY D	1.2 NAME	
STREET ADDRESS	19371 SW 17TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEASLEY, RUTH E	2.2 NAME	
STREET ADDRESS	113 MONMOTH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACOBSTOWN NJ 08562	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MAE B	3.2 NAME	
STREET ADDRESS	17351 SW 106 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRINE FL 33157	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, ANNILESEE T	4.2 NAME	
STREET ADDRESS	2302 NE 55 BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32108	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MAE BELL	5.2 NAME	
STREET ADDRESS	17351 S. W. 106TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 199.02(9)(b), 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 regular 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: MAE B. THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR
MAE B. THOMPSON
Feb 20 95 305-238-1564
Date Printed Name