

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



Principal Place of Business 10673 S W 174 TERR PERRING FL 33157 US	Mailing Address P O BOX 971026 PERRINE FL 33157 US
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3. Date Incorporated or Qualified 04/16/1975	3a. Date of Last Report 02/13/1995
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	
	Zip 29	
	Country 30	

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD THOMPSON, HARRY D <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	19371 SW 17TH AVE.	12 NAME	
STREET ADDRESS	MIAMI FL 33177	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEASLEY, RUTH E	22 NAME	
STREET ADDRESS	113 MONMOTH RD.	23 STREET ADDRESS	
CITY - ST - ZIP	JACOBSTOWN NJ 08562	24 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, MAE B	32 NAME	
STREET ADDRESS	17351 SW 106 AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	PERRINE FL 33157	34 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOBLEY, ANNILEESE T	42 NAME	
STREET ADDRESS	2302 NE 55 BLVD.	43 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32106	44 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, MAE BELL	52 NAME	
STREET ADDRESS	17351 S. W. 106TH AVENUE	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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 on an attachment with an address.

SIGNATURE: Mae B. Thompson Date: 2-13-96 Daytime Phone #: 305-238-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)