


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90214 019 *****8.75
 04-27-1999 90214 020 *****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732505

1. Corporation Name
NEW HOPE CHURCH OF GOD OF DELIVERENCE, INC.

Principal Place of Business 10573 S W 174 TERR PERRINE FL 33157 US <i>10575 SW 174 Terr</i>	Mailing Address P O BOX 971026 PERRINE FL 33157 US
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2. Principal Place of Business 21 <i>10575 SW 174 Terr</i>	2a. Mailing Address 26 <i>P.O. Box 971026</i>	3. Date Incorporated or Qualified 04/16/1975
Suite, Apt. #, etc. 22 <i>Sherine Fl. 3</i>	Suite, Apt. #, etc. 27 <i>Perrine Fl.</i>	4. FEI Number NOT APPLICABLE
City & State 23 <i>Florida</i>	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>33157</i>	Country 25 <i>Dade</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>33157</i>	Country 30 <i>Dade</i>	

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

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, ANNILEESEE T	4.2 NAME	
STREET ADDRESS	2302 NE 55 BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32106	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 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, with all other like empowered.

SIGNATURE: *Maebell Thompson* Date: *April 14, 99* Daytime Phone #: *305-238-1564*

CR2E037 (11/98)