FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

735485

(5)

HOPE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address) (ABTILL INTON TINA) BRUTH ALABY HATAK DIRK BYATI BYATI BYATI AKATI KADI:
826 REYNOLDS LANE JACKSONVILLE FL 32254 US			826 REYNOLDS LANE JACKSONVILLE FL 32254-2938 US				
05			03				3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-1439247 Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State			City & State				B. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	Zip Country		Zip Cou		Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29			30			Florida Statutes Yes No
	9. Name and Address of Cur	rent Regist	ered Agent		81	Nana	10. Name and Address of New Registered Agent
					01	Name	
GODBOLD, JAMES 3454 BROOKHAVEN DRIVE					82	Street Add	dress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32205					83		
					84	City	FL 85 Zip Code
11 Purcuant I	to the provisions of Sections 617 (3502 and 61	7 1508 Florida Statu	toe the	e ebow	a-named cor	
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida	a. Such change was Section 617.0503. F	author	ized by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE L		,	,			-	4/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F						nt signature requ	uired when reinstating) DATE
12.	OFFICERS :	AND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
FITLE			DELETE		.1 TITLE		Change Addition
NAME	COLLEY KATHY J			1	.2 NAME		
STREET ADDRESS	961 ONTARIO ST			- 1		ADDRESS	
CITY-ST-ZIP TITLE	JACKSONVILLE, FL 00000			1.4 C/TY - ST - ZIP 2.1 TITLE		Change Addition	
NAME			- 1	2 NAME			
STREET ADORESS	7161 CISCO GARDENS RD.		1	23 STREET ADDRESS			
	JACKSONVILLE, FL 00000		1	2.4 CITY-ST-ZIP			
CITY-ST-ZIP	PD DELETE				1 TITLE	51-20	☐ Change ☐ Addition
NAME	BRADLEY, ROBERT			32 NAME			
STREET ADDRESS	5074 COLUMBUS AVE					ADDRESS	
CITY-S1-ZIP	JACKSONVILLE, FL 00000				A. CITY-	1	
TITLE	D		☐ DELETE	4	I.1 TITLE		Change Addition
NAME	DUPONT, CHUCK			4	. 2 NAME		
STREET ADDRESS	843 MACKINAW ST			4	3 STREET	ADDRESS	·
CITY - ST - ZIP	JACKSONVILLE FL			4	A CITY-S	ST-ZIP	
TITLE			.1 TITLE		Change Addition		
NAME				5	2 NAME		
STREET ADDRESS				5	.3 STREET	ADDRESS	
CITY - \$1 - ZIP				5	4 CITY-S	ST-ZIP	
TITLE			☐ DELETE	6	.1 TITLE		☐ Change ☐ Addition
NAME				6	.2 NAME		
STREET ADDRESS				6	3.3 STREET	ADDRESS	
CITY-ST-ZIP				6	.4 CITY-S	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:

FILED

May 13 1997 8:00am

Secretary of State