

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 # 737391 (3)

1. Corporation Name

HOPE BAPTIST CHURCH OF THERESSA, INC.



Principal Place of Business: SE 36TH AVENUE RT. 3. BOX 1149 STARKE FL 32091
Mailing Address: SE 36TH AVENUE RT. 3. BOX 1149 STARKE FL 32091

3. Date Incorporated or Qualified: 11/30/1976
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2350316
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

NEWELL, PAUL D. ESQ.
NIGHTINGALE ST. AT PALMETTO AVENUE
P. O. BOX 654
KEYSTONE HGHTS FL 32856

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL Zip Code: 85

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	COONS, EUGENE V.	
STREET ADDRESS	3607 SW 157TH TERR.	
CITY-ST-ZIP	ARCHER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HERSEY, JOHN WAYNE	
STREET ADDRESS	RT 3 BOX 701	
CITY-ST-ZIP	STARKE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRIST, ERNEST	
STREET ADDRESS	RT 3 BOX 640	
CITY-ST-ZIP	STARKE, FL 00000	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	CLARY, EDWARD	
STREET ADDRESS	ROUTE 3, BOX 964	
CITY-ST-ZIP	STARKE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PERCY	
STREET ADDRESS	ROUTE 3, BOX 1175	
CITY-ST-ZIP	STARKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Rt. 3 Box 622
1.4 CITY-ST-ZIP	Starke, FL 32091
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S/TR
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 checked="" type="checkbox"/> Addition
4.2 NAME	TR FAULK, JOE
4.3 STREET ADDRESS	P.O. BOX 235 - GRIFFIS LOOP
4.4 CITY-ST-ZIP	STARKE FL 32091
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 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: Ernest E. Triest, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernest E. Triest, Sr. Treasurer

April 21, 1996 352-473-4188
Date Daytime Phone #

CR2E037 (12/95)