FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Jan 30 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

Ę	OCUI	MENT	# `	74933	3	(1)									
NEW HOPE TABERNACLE OF MANATEE COUNTY, INC.															
Principal Place of Business Mailing Address												UITII EIEI		6 [[]] []] []	
928 63RD AVENUE EAST 928 63RD AVENUE EAST										ļ	3. Date Incorporated or Qualified				
BRADENTON FL 34203-7728 BRADENTON FL 34203-7728											10/16/1979		 		
											4. FEI Number 59-1886597		_ 	Applied For Not Applicab	
2.	Principal Place of Business 2a. Mailing Address							_						Additional	-
21					26								Fee F	Required	_
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.				l	Election Campaign Financing Trust Fund Contribution	7		May Be to Fees	
	City & State	e		City & State						7. Is this nonprofit corporation a hom				\dashv	
23						28						=	No		_
24	Zip		25 Cou	ntry	Zip 29		Cour	itry		- 1	 This corporation owes or has paid Personal Property Tax due June 30 	_		ntangible [] No	
24		9. Name and Address of Current Registered Agent					1301	<u> </u>			10. Name and Address of New Regi				\dashv
									Name						\neg
CLARK, RICHARD									Street /	Addres	s (P.O. Box Number is Not Acceptable)			-
5105 19TH ST. W. BRADENTON FL 34207								83							
ł	BHADEN	HON FL 3	1207				L								_
								84				FL		Code	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Stat 										corpor	ation submits this statement for the pur	pose of	changing	its registered	đ
}	agent. I a	m familiar w	th, and a	ccept the obliga	obligations of, Section 617.0503, Florida			Statutes.		-01000	To be an extended in the loady account	are appe		- 109,410,04	1
S	GNATURE.	Stgnature, typed	or printed r	ame of registered age	nt and title if applica	able. (No	OTE: Registered	Age	ent signature	required	when reinstating)	DATE			۔ ا
12	2.			OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIŘECTO	RS IN 12	[{
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6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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.

FILED