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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749333

1. Corporation Name

NEW HOPE TABERNACLE OF MANATEE COUNTY, INC.

Principal Place of Business

928 63RD AVENUE EAST
 BRADENTON FL 34203-7728

Mailing Address

928 63RD AVENUE EAST
 BRADENTON FL 34203-7728



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-1886597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

CLARK, RICHARD
 5105 19TH ST. W.
 BRADENTON FL 34207

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

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

Richard Clark
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
 NAME CLARK, RICHARD
 STREET ADDRESS 5105 19TH ST. W.
 CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE PCD
 NAME MCWATTERS, RICHARD F
 STREET ADDRESS 920 63RD AVE E
 CITY-ST-ZIP BRADENTON FL

☒ DELETE

TITLE TD
 NAME SELL, AMELIA
 STREET ADDRESS 1918 49TH ST E
 CITY-ST-ZIP PALMETTO FL

☒ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Gary Cochran
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99

Date

941-748-0747

Daytime Phone #

CR2E037 (1/198)