

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749962 (7)
1. Corporation Name

NEW HOPE CHRISTIAN MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1187 SULTANA ST 1187 SULTANA ST
P.O. BOX 3756 P.O. BOX 3756
PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33949

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

3. Date Incorporated or Qualified 3a. Date of Last Report
11/29/1979 08/08/1994
4. FEI Number Applied For
59-1962384 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAL PIAN, STEPHEN R
1187 SULTANA ST
PORT CHARLOTTE FL 33952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAL PIAN, STEPHEN
STREET ADDRESS	1187 SULTANA ST
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	D
NAME	ALLEN, DARWIN REV
STREET ADDRESS	4138 PERCH CIRCLE
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	VD
NAME	SPARROW, COLEMAN REV
STREET ADDRESS	114 S E SINCLAIR ST
CITY-ST-ZIP	PT CHARLOTTE, FL 00000
TITLE	D
NAME	BURNS, SAM
STREET ADDRESS	1429 DORCHESTER STREET
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	SD
NAME	DAL PIAN, NANCY L
STREET ADDRESS	1187 SULTANA ST
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	T
NAME	REUTER, CHERYL
STREET ADDRESS	23331 LEHIGH AVE
CITY-ST-ZIP	PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	106 MEEHAN AVENUE N.E.
4.4 CITY-ST-ZIP	PT. CHARLOTTE FL
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 110.07(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 no address.

SIGNATURE:

Stephen R. Dal Pian STEPHEN R. DAL PIAN 2/13/95 625-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Typed Name)