

**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 # **749962** (7)  
1. Corporation Name  
**NEW HOPE CHRISTIAN MINISTRIES, INC.**



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

3. Date Incorporated or Qualified: 11/29/1979  
3a. Date of Last Report: 02/17/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1962384	Applied For / Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DAL PIAN, STEPHEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1187 SULTANA ST	CITY-ST-ZIP: PT. CHARLOTTE FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: D	NAME: ALLEN, DARWIN REV	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4138 PERCH CIRCLE	CITY-ST-ZIP: PT CHARLOTTE FL	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE: VD	NAME: SPARROW, COLEMAN REV	2.3 STREET ADDRESS	
STREET ADDRESS: 114 S E SINCLAIR ST	CITY-ST-ZIP: PT CHARLOTTE, FL 00000	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: BURNS, SAM	3.2 NAME	
STREET ADDRESS: 106 MEEHAN AVE NE	CITY-ST-ZIP: PT CHARLOTTE FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE: SD	NAME: DAL PIAN, NANCY L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1187 SULTANA ST	CITY-ST-ZIP: PT CHARLOTTE FL	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE: T	NAME: REUTER, CHERYL	4.4 CITY-ST-ZIP	
STREET ADDRESS: 23331 LEHIGH AVE	CITY-ST-ZIP: PT CHARLOTTE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	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	

D ALLEN, DARWIN, REV  
3808 LINDSLEY DRIVE  
METAMORA, MI 48455

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: Stephen R. Dal Pian STEPHEN R. DAL PIAN 4/2/96 (941) 625-9510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)