

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1962384

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**

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 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

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 **PO** ☐ DELETE
NAME **DAL PIAN, STEPHEN**
STREET ADDRESS **1187 SULTANA ST**
CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE **D** ☐ DELETE
NAME **ALLEN, DARWIN REV**
STREET ADDRESS **4138 PERCH CIRCLE**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **VO** ☐ DELETE
NAME **SPARROW, COLEMAN REV**
STREET ADDRESS **114 S E SINCLAIR ST**
CITY-ST-ZIP **PT CHARLOTTE, FL 00000**

TITLE **D** ☐ DELETE
NAME **BURNS, SAM**
STREET ADDRESS **106 MEEHAN AVE NE**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **SO** ☐ DELETE
NAME **DAL PIAN, NANCY L**
STREET ADDRESS **1187 SULTANA ST**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **T** ☐ DELETE
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D ALLEN, DARWIN, REV**
2.3 STREET ADDRESS **3808 LINDSEY DRIVE**
2.4 CITY-ST-ZIP **METAMORA, MI 48455**

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

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

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

6.1 TITLE ☐ Change ☐ 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: *Stephen R. Dal Pian* **STEPHEN R. DAL PIAN** 4/12/96 625-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)