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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33949-3756
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3. Date Incorporated or Qualified 11/29/1979	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1962384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DAL PIAN, STEPHEN R
1187 SULTANA ST
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAL PIAN, STEPHEN	
STREET ADDRESS	1187 SULTANA ST	
CITY - ST - ZIP	PT. CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, DARWIN REV	
STREET ADDRESS	3828 LINDSLEY DR	
CITY - ST - ZIP	METAMORA MI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPARROW, COLEMAN REV	
STREET ADDRESS	114 S E SINCLAIR ST	
CITY - ST - ZIP	PT CHARLOTTE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, SAM	
STREET ADDRESS	106 MEEHAN AVE NE	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAL PIAN, NANCY L	
STREET ADDRESS	1187 SULTANA ST	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> 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	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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.

SIGNATURE: *Stephen R Dal Pian* **STEPHEN R DAL PIAN** 3/13/97 941-625-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057442

CR2E037 (9/96)