

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90300 047 ****61.25

0061516

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 749962

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



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 30

3. Date Incorporated or Qualified

11/29/1979

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

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

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 DELETE

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 3828 LINDSLEY DR
CITY-ST-ZIP METAMORA MI

TITLE VD DELETE
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 106 MEEHAN AVE NE
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 Change Addition
NAME D WILLIAMS, WAYNE
1.2 NAME
1.3 STREET ADDRESS 1321 KENMORE STREET
1.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33952

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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

STEPHEN DAL PIAN 5/13/99 941-625-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)