

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90100 047 ****61.25

DOCUMENT # 749962

1. Entity Name

NEW HOPE CHRISTIAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

1187 SULTANA ST
 P.O. BOX 3756
 PORT CHARLOTTE FL 33949

1187 SULTANA ST
 P.O. BOX 3756
 PORT CHARLOTTE FL 33949-3756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1962384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WAYNE	
STREET ADDRESS	1321 KENMORE ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen R. Dal Pian* **STEPHEN R. DAL PIAN** 1/5/00 944-625-9510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)