FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752462** **(2)**

1. Corporation Name

NEW HOPE APOSTOLIC CHURCH INCORPORATED

Principal Place of Business	Mailing Address
3012 N. 22ND STREET TAMPA FL 33605	P.O. BOX 291332 TAMPA FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1980**
3a. Date of Last Report: **08/31/1994**
4. FEI Number: **05-0304000** ☐ Applied For ☐ Not Applicable
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:
Zip 29: Country 30:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
ANDERSON, JAMES 11324 MAYBROOK AVE. RIVERVIEW FL 33569	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and the title of officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~POOL, ELLIS~~	12 NAME	PAULINE COLE	
STREET ADDRESS	~~1010 10TH ST. SO.~~	13 STREET ADDRESS	3501 RIVERGROVE DR	
CITY ST ZIP	~~ST. PETERSBURG FL~~	14 CITY ST ZIP	TAMPA, FL. 33610	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JAMES	22 NAME		
STREET ADDRESS	11324 MAYBROOK AVE.	23 STREET ADDRESS		
CITY ST ZIP	RIVERVIEW FL	24 CITY ST ZIP		
TITLE	~~D~~	31 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~YOUNG, ANDREW~~	32 NAME	CARLA STEWART	
STREET ADDRESS	~~2001 BRIDGE3 DR.~~	33 STREET ADDRESS	2613 E 9th AV	
CITY ST ZIP	~~MACDILL AFB, TAMPA~~	34 CITY ST ZIP	TAMPA, FL. 33605	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DIXON, GERALD	42 NAME		
STREET ADDRESS	2110 CARMEN	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, DONNA	52 NAME		
STREET ADDRESS	11324 MAYBROOK AVE.	53 STREET ADDRESS		
CITY ST ZIP	RIVERVIEW FL	54 CITY ST ZIP		
TITLE	AD	61 TITLE		☐ Change ☐ Addition
NAME	BEE, MARY	62 NAME		
STREET ADDRESS	5127 PURITAN CIR.	63 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	64 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)(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: James W. Anderson 5/3/95 (813) 247-3131
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone Number)

005202