


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90062 035 ****70.00

0052084

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 752462

1. Corporation Name

NEW HOPE APOSTOLIC CHURCH INCORPORATED

Principal Place of Business

3012 N. 22ND STREET
TAMPA FL 33605

Mailing Address

P.O. BOX 291332
TAMPA FL 33687

1 2 3 4 5 6 7 8 9
91327 - 90062 - 35



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	05/13/1980
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	05-0304000
Country		Country	Applied For
24		25	29
30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
31		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
32		Trust Fund Contribution	
33		34	
35		36	
37		38	
39		40	
41		42	
43		44	
45		46	
47		48	
49		50	
51		52	
53		54	
55		56	
57		58	
59		60	
61		62	
63		64	
65		66	
67		68	
69		70	
71		72	
73		74	
75		76	
77		78	
79		80	
81		82	
83		84	
85		86	
87		88	
89		90	
91		92	
93		94	
95		96	
97		98	
99		100	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, PAULINE	1.2 NAME	
STREET ADDRESS	3501 RIVERGROVE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALMPA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JAMES	2.2 NAME	
STREET ADDRESS	3012 N 22ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, CARLA	3.2 NAME	
STREET ADDRESS	2613 E 9TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, GREGORY	4.2 NAME	
STREET ADDRESS	1943 KENWERE DR #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, DONNA	5.2 NAME	
STREET ADDRESS	1442 139TH AVE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *James W. Anderson* **SIGNATURE REQUIRED** *James W. Anderson* 1/5/99 813/247-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)