

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759484** (9)
1. Corporation Name
NEW TESTAMENT HOPE OF GLORY CHURCH, INC.



Principal Place of Business

**6200 LUCILLE ST.
MOLINO FL 32577**

Mailing Address

**6200 LUCILLE ST.
MOLINO FL 32577**

3. Date Incorporated or Qualified
08/05/1981

3a. Date of Last Report
08/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.
331 E. Hwy 4

22 City & State
Century, FL

23 Zip Country
32535

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.
331 E. Hwy 4

27 City & State
Century, FL

28 Zip Country
32535

29 **30**

4. FEI Number
59-3095570

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ABBOTT, LARRY K
6200 LUCILLE ST.
MOLINO FL 32577**

10. Name and Address of New Registered Agent

81 Name **ABBOTT, LARRY K.**

82 Street Address (P.O. Box Number is Not Acceptable)
331 E. Hwy 4

83

84 City **Century** **FL** **85** Zip Code **32535**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE **Jul 31, 1996**

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **ABBOTT, ROGER LEE**
STREET ADDRESS **6200 LUCILLE ST.**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **TSD** ☐ DELETE
NAME **ABBOTT, HELEN**
STREET ADDRESS **6200 LUCILLE ST.**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **MDP** ☐ DELETE
NAME **ABBOTT, LARRY KAY**
STREET ADDRESS **6200 LUCILLE ST.**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VD** ☒ Change ☐ Addition
12 NAME **ABBOTT, ROGER L.**
13 STREET ADDRESS **331 E. Hwy 4**
14 CITY-ST-ZIP **Century, FL 32535**

21 TITLE **TSD** ☒ Change ☐ Addition
22 NAME **ABBOTT, HELEN**
23 STREET ADDRESS **331 E. Hwy 4**
24 CITY-ST-ZIP **Century, FL 32535**

31 TITLE **MDP** ☒ Change ☐ Addition
32 NAME **ABBOTT, LARRY K.**
33 STREET ADDRESS **331 E. Hwy 4**
34 CITY-ST-ZIP **Century, FL 32535**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

Larry K. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 31, 1996

Date

Daytime Phone #

CR2E037 (12/95)