## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am § Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-11-1999 90056 047 \*\*\*\*61.25

DOCUMENT #	760945

NEW HOPE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business		Mailing Address					_		:
4249 LENNOX BOULEVARD ORLANDO FL 32811  C/O MAE C. WILLIAMS 3303 WALLER PLACE ORLANDO FL 32805									
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		-					0 - 174 - 1		
Principal Place of Business	-	2a. Mailing Address 26				3. Date Incorporated of 12/07/1981	r Qualifed	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number	,	Apr	olied For
2		27				59-1424500	·		Applicable
City & State		City & State				5. Certifcate of Status	Desired	\$8.75 A Fee Red	
Zip	Country	Zip	Cou	intry		6. Election Campaign Trust Fund Contribu	- 11	\$5.00 i Added to	
25 25 25 25 25 25 25 25 25 25 25 25 25 2	Address of Current R	29	30			10. Name and Address			7 7 003
5. Name and	Address of Current R	egistered Agent		81	Name	10. 110110 0112			
MATERIAL MATER					Discol Address	(D.O. Day Mymber in I	let Assentable)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
WILLIAMS, MAE C 3303 WALLER PLACE				82	Street Addre	ess (P.O. Box Number is N	10t Acceptable)	<u> </u>	• ,
ORLANDO FL 32805				83				• • •	
				84	City		FI	85 Zip C	ode
		1047 4500 Florida Cta		لبا	a comed corps	ention cubmits this statem			registered
11. Pursuant to the provisions office or registered agent, of agent. I am familiar with, at	or both, in the State of F nd accept the obligation	-forida. Such change was is of, Section 617.0503, I	s autnonzeo Florida Statu	utes.	the corporation	18 Board of directors. The	Teby accept the appo	, interiorit as rog	1310100
SIGNATURE Signature, typed or prin	nted name of registered agent and	d title if applicable. (NC	OTE: Registered	1 Agen	nt signature required		DATE		
12.	OFFICERS AND D		13.			ADDITIONS/CHANG	ES TO OFFICERS A		
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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 receivery 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. CITY-ST-ZIP

SIGNATURE: