## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name 764613

(6)

## LINDALL BLACKURN RT 2 BOX 505 MACCLENNY FL 32063  ### LINDALL BLACKURN RT 2 BOX 505 MACCLENNY FL 32063  ### ACCLENNY FL 32063  ### Acc	NEW HOPE CHURCH, INC.							
RT 2 BOX 505 MACCLEMY FL 32083  2. Pencepo Pioce of Business  2. Making Address  2. Sulle, April 9, etc.  2. Pencepo Pioce of Business  2. Address  3. Delia Proceptorated or Sullifer  (8) (8) (18) (18) (28)  3. Delia Proceptorated or Sullifer  (8) (8) (18) (18) (28)  3. Delia Proceptorated or Sullifer  (8) (8) (18) (18) (18) (28)  3. Delia Proceptorated or Sullifer  (8) (8) (18) (18) (18) (28)  3. Delia Proceptorated or Sullifer  (8) (8) (18) (18) (18) (18) (18) (18) (1	Principal Place of Business Mailing Address					E JADIN INDIA ONE DE LA COLONIA DE LA COLONI	TO BATE GIVEN CION CHARA BIVIN CORES DIVIN 1881	
2. Principal Pilico of Business 2. Analing Address 2. Principal Pilico of Business 2. Analing Address 2. Principal Pilico of Business 2. Subs. Agit. 8, etc. 2. Coy & State 2. Coy & St	RT 2 BOX 505		RT 2 BOX 505					
Surpey   S	MITOGELIII			••				
City & State	2. Principal Pla 21	`						
22) 22) 23) 24) 25) 26) 27) 28) 28) 29) 29) 20) 30) 31) 31) 31) 32) 32) 32) 32) 32) 32) 33) 34) 35) 35) 35) 35) 35) 36) 37) 38) 38) 38) 38) 38) 38) 38) 38) 38) 38				с.		5. Certificate of Status Desired	¥ =	
25   28   30   Florida Statutes   Visc   No   No   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   11 Name   12 Name   13 Name   14 Name   14 Name   14 Name   15 Name	City & State	9	— ·					
BLACKBURN, LINDALL RT 2, BOX 505 MACCLENNY FL 32063  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Socions 617,0502 and 617,1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered againt, 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 office or registered againt, 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 office or registered againt, 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 againt. I am minimize with, and accept the chipations of Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered againt. I am minimize with a population and acceptable of the purpose of changing its registered office or registered againt, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered office or registered againt, or board of directors. I hereby accept the appointment as registered againt, or board of directors. I hereby accept the appointment as registered againt, or board of directors. I hereby accept the appointment as registered againt. I am minimize with a population appointment as registered office or registered office	Zip <b>24</b>				/			
BLACKBURN, LINDALL RT 2, BOX 505  MACCLENNY FL 32063  84 City FL 85 Zip Code  VI. Pursuant to the proxisors of Sections 617 0507 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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, and accept the objection of 17,0507 and 617,1508, Florida Statutes.  VI. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VI. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VI. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VI. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,1508, Florida Statutes.  VIII. Pursuant to the proxisors of Sections 617,0507 and 617,0507		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
RT 2, BOX 505  MACCLENNY FL 32083  B3  City  FL 85 Zip Code  V1. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice formitial many, and accoent the cipilations of, Special 617,0502 photos statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice formitial many, and accept the cipilations of, Special 617,0503, photos stratutes.  SIGNATURE				81	Name			
MACCLENNY FL 32063				82	Street A	Address (P.O. Box Number is Not Acceptable)		
I. 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 replaced agent. I am 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 registered agent. I am registered agent. I am service of the purpose of changing its replaced agent. I am registered office formally with an advacent the obligations of Segicine 617.0502 jordeg froatives.  SIGNATURE    Description   Descri				83				
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 2603, horize protects.  SIGNATURE  SIGNATURE  DO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  PD OFFICERS AND DIRECTORS IN 12  TILE  PD OBLETE  11 TILE  PD ORDING UNDALL  12 NAME  SIREET ADDRESS  MACCLENNY FL  14 CITY-ST-2P  MACCLENNY FL  15 STREET ADDRESS  RT 2, BOX 249  MACCLENNY FL  DO DELETE  DO DELETE  DO DELETE  ACTIVIST-2P  MACCLENNY FL  11 IN ILE  DO Change  Addition  Addition  FLETCHER, LORRIE A  SIREET ADDRESS  RT 2, BOX 487  MACCLENNY FL  14 IN ILE  DO Change  Addition  FLETCHER, LORRIE A  SIREET ADDRESS  RT 2, BOX 487  MACCLENNY FL  14 IN ILE  DO Change  Addition  Addition  Addition  Addition  Addition  Addition  FLETCHER, LORRIE A  SIREET ADDRESS  RT 2, BOX 487  MACCLENNY FL  14 IN ILE  DO Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  PRYDE, KATHRINE  RT 2, BOX 505  MACCLENNY FL  14 IN ILE  DO Change  Addition	•						FL	
SIGNATURE	or register familiar wi	to the provisions of Sections 617.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 617,1508, Florida Statu ida. Such change was authori ition 617,0503, Florida <b>S</b> tatute	utes, the above- fized by the corp es.	named cor oration's b	poration submits this statement for the pur poard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am	
12.		Res Lindall	Blackban			<b>\</b>	-29.96	
TITLE	12				n agrature re-		ICERS AND DIRECTORS IN 12	
NAME   STREET ADDRESS   TT 2, BOX 505   13 STREET ADDRESS   TT 2, BOX 505   13 STREET ADDRESS   TT 2, BOX 505   14 CITY-ST-2P   MACCLENNY FL   14 CITY-ST-2P   MACCLENNY FL   17 CITY-ST-2P					T	7,001110110101111110201101011		
STREET ADDRESS CITY-ST-ZPP MACCLENNY FL  TITLE VD SHARPE, HAROLD STREET ADDRESS CITY-ST-ZPP MACCLENNY FL  TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP MACCLENNY FL  TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP MACCLENNY FL  TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP TITLE STD TOTAL STREET ADDRESS CITY-ST-ZPP TITLE STD TOTAL STREET ADDRESS CITY-ST-ZPP TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP TOTAL STREET ADDRESS CITY-ST-ZPP TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP TITLE D TOTAL STREET ADDRESS CITY-ST-ZPP TITLE STREET ADDRESS CITY-ST-ZPP TOTAL STREET ADDRESS CITY-ST		I						
MACCLENNY FL					T ADDRESS	p.		
TITLE		AAAOOL FAIRIV FA						
SHARPE, HAROLD   RT 2, BOX 249   RT 2, BOX 487   RT 2, BOX 512   RT 2, BOX 5					31-En		Change Addition	
STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  D D DELETE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STD DELETE STD DELETE STD DELETE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STREET ADDRESS RT 2, BOX 512 MACCLENNY FL  STREET ADDRESS RT 2, BOX 512 MACCLENNY FL  STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  DAVIS, ELOUISE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  DAVIS, ELOUISE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  DAVIS, ISAAC STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  DELETE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS MACCLENNY FL  DELETE STREET ADDRESS CHY-ST-ZIP MACCLENNY FL  D Change STREET ADDRESS CHY-ST-ZIP  CHANGE STREET ADDRESS CHY-ST-ZIP  ADDRESS CHY-	NAME	SHARPE, HAROLD		2.2 NAME			1	
CHY-ST-ZIP	STREET ADDRESS	<u> </u>		2.3 STREE	T ADDRESS		1	
TITLE   D	CITY-ST-ZIP	NACON FAIRIVE		2. 4 CITY-	ST-ZIP			
NAME   FLETCHER, LORRIE A   32 NAME   33 STREET ADDRESS   C-1Y-ST-ZIP   MACCLENNY FL   34 CITY-ST-ZIP   MACCLENNY FL   32 NAME   33 STREET ADDRESS   MACCLENNY FL   32 NAME		D	<b>₩</b> DELETE	3.1 TITLE		$\overline{a}$	☐ Change ☐ Addition	
STREET ADDRESS	NAME	FLETCHER, LORRIE A		3.2 NAME	1			
STD	STREET ADDRESS	RT 2, BOX 487		3.3 STREE	TADDRESS			
NAME	C-TY-ST-ZIP	MACCLENNY FL		3.4 CITY-			ري د دي د	
STREET ADDRESS   RT 2, BOX 512	1itté	STD	DELETE	4.1 TITLE				
CITY-ST-ZIP   MACCLENNY FL	NAME			4. 2 NAME				
TITLE	STREET ADDRESS			4.3 STREE	T ADDRESS			
STREET ADDRESS   HOUTE 2, BOX 505   53 STREET ADDRESS   ***61.25	CHTY - ST - ZIP	MACCLENNY FL		4.4 CITY -	ST - ZIP			
STREET ADDRESS   HOUTE 2, BOX 505   53 STREET ADDRESS   ***61.25	TITLE		DELETE			COCCO17	Change Addition	
STREET ADDRESS   HOUTE 2, BOX 505   53 STREET ADDRESS   ***61.25	NAME.			5.2 NAME	0.4	-02/14/00010	た <b>ろと</b> 行り 60000	
Chapter   Chap	STREET ADDRESS			53STREE	T ADDRESS	037 177 30 010	03000	
NAME DAVIS, ISAAC 62 NAME STREET ADDRESS ROUTE 2 BOX 505 63 STREET ADDRESS CITY-ST-ZIP MACCLENNY FL 64 CITY-ST-ZIP		<del></del>	<b>20</b>		ST-ZIP	<del>4.44</del> 01, €3	With Edition	
STREET ADDRESS ROUTE 2 BOX 505 CITY-ST-ZIP MACCLENNY FL 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP	1	_	DELETE				Change	
CITY-ST-ZIP MACCLENNY FL 64 CITY-ST-ZIP	1				l l		UK.198	
	STREET ADDRESS			63 STREE	t address		1 V/2	
			Light this films in columbath for			if for the augmention stated in Destination	07/0/00 Florido Statutos I furbica	

rigo heretry certify that the information supplied with this liting is voluntarily furnished and does not quality for the exemption stated in Section 119-07-05kg, Florida Statutes. 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.

PAME OF BIGNING OFFICER OR DIRECTOR SIGNATURE: