

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 # 764613 (6)

1. Corporation Name

NEW HOPE CHURCH, INC.



Principal Place of Business

Mailing Address

% LINDALL BLACKBURN
RT 2 BOX 505
MACCLENNY FL 32063

% LINDALL BLACKBURN
RT 2 BOX 505
MACCLENNY FL 32063

3. Date Incorporated or Qualified

08/18/1982

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2305044

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

10. Name and Address of New Registered Agent

BLACKBURN, LINDALL
RT 2, BOX 505
MACCLENNY FL 32063

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 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

Rev. Lindall Blackburn

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BLACKBURN, LINDALL
STREET ADDRESS RT 2, BOX 505
CITY-ST-ZIP MACCLENNY FL ☐ DELETE

TITLE VD
NAME SHARPE, HAROLD
STREET ADDRESS RT 2, BOX 249
CITY-ST-ZIP MACCLENNY FL ☐ DELETE

TITLE D
NAME FLETCHER, LORRIE A
STREET ADDRESS RT 2, BOX 487
CITY-ST-ZIP MACCLENNY FL ☒ DELETE

TITLE STD
NAME PRYDE, KATHRINE
STREET ADDRESS RT 2, BOX 512
CITY-ST-ZIP MACCLENNY FL ☐ DELETE

TITLE D
NAME DAVIS, ELOUISE
STREET ADDRESS ROUTE 2, BOX 505
CITY-ST-ZIP MACCLENNY FL ☐ DELETE

TITLE D
NAME DAVIS, ISAAC
STREET ADDRESS ROUTE 2 BOX 505
CITY-ST-ZIP MACCLENNY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME Jennifer Davis
3.3 STREET ADDRESS Rt. 2 Box 505
3.4 CITY-ST-ZIP Macclenny FL 32063 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Kathrine M. Pryde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 904-259-5191

Date

Daytime Phone

CR2E037 (12/95)