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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 BLACKURN RT 2 BOX 505 MACCLENNY FL 32063
% LINDALL BLACKURN RT 2 BOX 505 MACCLENNY FL 32063-9520

3. Date Incorporated or Qualified 06/18/1982 3a. Date of Last Report 03/11/1996

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

24 25 29 30

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* 1. 11. 97
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 PD DELETED
NAME BLACKBURN, LINDALL
STREET ADDRESS RT 2, BOX 505
CITY-ST-ZIP MACCLENNY FL
TITLE VD DELETED
NAME SHARPE, HAROLD
STREET ADDRESS RT 2, BOX 249
CITY-ST-ZIP MACCLENNY FL
TITLE D DELETED
NAME DAVIS, JENNIFER
STREET ADDRESS RT 2, BOX 505
CITY-ST-ZIP MACCLENNY FL 32063
TITLE STD DELETED
NAME PRYDE, KATHRINE
STREET ADDRESS RT 2, BOX 512
CITY-ST-ZIP MACCLENNY FL
TITLE D DELETED
NAME DAVIS, ELOUISE
STREET ADDRESS ROUTE 2, BOX 505
CITY-ST-ZIP MACCLENNY FL
TITLE D DELETED
NAME DAVIS, ISAAC
STREET ADDRESS ROUTE 2 BOX 505
CITY-ST-ZIP MACCLENNY FL

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 Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 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.

SIGNATURE: *Katharine M. Pryde Sec 2 Jan 904-259-5791*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000946

CR2E037 (9/96)