


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764613 (6)
1. Corporation Name
NEW HOPE CHURCH, INC.

Principal Place of Business % LINDALL BLACKBURN RT 2 BOX 505 MACCLENNY FL 32063	Mailing Address % LINDALL BLACKBURN RT 2 BOX 505 MACCLENNY FL 32063
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3. Date Incorporated or Qualified 08/18/1982
4. FEI Number 59-2305044
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BLACKBURN, LINDALL
RT 2, BOX 505
MACCLENNY FL 32063**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 *Katharine M. Pryde* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKBURN, LINDALL		1.2 NAME	
STREET ADDRESS RT 2, BOX 505		1.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHARPE, HAROLD		2.2 NAME	
STREET ADDRESS RT 2, BOX 249		2.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, JENNIFER		3.2 NAME	
STREET ADDRESS RT 2, BOX 505		3.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL 32063		3.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRYDE, KATHRINE		4.2 NAME	
STREET ADDRESS RT 2, BOX 512		4.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, ELOUISE		5.2 NAME	
STREET ADDRESS ROUTE 2, BOX 505		5.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, ISAAC		6.2 NAME	
STREET ADDRESS ROUTE 2 BOX 505		6.3 STREET ADDRESS	
CITY-ST-ZIP MACCLENNY FL		6.4 CITY-ST-ZIP	

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 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 Secretary* 1-5-98 904-259-5191

CR2E037 (10/97)