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 # **767375** **(9)**

1. Corporation Name

HOPE ALLIANCE CHURCH, OF THE CHRISTIAN AND MISSI ONARY ALLIANCE, INC. SPRING HILL FLORIDA

Principal Place of Business	Mailing Address
13241 SPRING HILL DRIVE SPRING HILL FL 34609-2247	13241 SPRING HILL DRIVE SPRING HILL FL 34609-2247

3. Date Incorporated or Qualified: 03/09/1983

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-2400802 ☐ 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

LANCE, BEVERLY J
12402 CONDE DRIVE
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name: REV. LOWELL G. HALBERT

82 Street Address (P.O. Box Number is Not Acceptable): 13241 Spring Hill Drive

83

84 City: Spring Hill FL 85 Zip Code: 34609

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: Lowell G Halbert — 4/13/96

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	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALBERT, LOWELL G (PAST		1.2 NAME	
STREET ADDRESS	2407 GIMLET AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NARDELLI, PETER		2.2 NAME	
STREET ADDRESS	7400 SPRINGHILL DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL		2.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANCE, BEVERLY J		3.2 NAME	
STREET ADDRESS	12402 CONDE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPIEGEL, JACK		4.2 NAME	
STREET ADDRESS	10088 NORTHWIND CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHAUB, EUGENE		5.2 NAME	
STREET ADDRESS	7289 LOCHNESS CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, CHARLES		6.2 NAME	
STREET ADDRESS	1454 NOBLETON AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: Jack Spiegel — 4/18/96 — 904 666 0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACK Spiegel — Date — Daytime Phone #