

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34809-2247**

**13241 SPRING HILL DRIVE
SPRING HILL FL 34609-5181**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1983		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2400802		Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	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

**HALBERT, REV LOWELL G.
13241 SPRING HILL DRIVE
SPRING HILL FL 34809**

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

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

(NOTE: Registered Agent's 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	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SPIEGEL, JACK	3.2 NAME	
STREET ADDRESS	10088 NORTHWIND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHAUB, EUGENE	4.2 NAME	
STREET ADDRESS	7289 LOCHNESS CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, CHARLES	5.2 NAME	
STREET ADDRESS	1454 NOBLETON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)