## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

(9)

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

Principal Place of Business Mailing Address 13241 SPRING HILL DRIVE 13241 SPRING HILL DRIVE 3. Date Incorporated or Qualified **SPRING HILL FL 34609-2247** SPRING HILL FL 34809-2247 03/09/1983 4. FEI Number Applied For 59-2400802 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? **⊠**№ Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALBERT, REV LOWELL G. Street Address (P.O. Box Number is Not Acceptable) 13241 SPRING HILL DRIVE 83 SPRING HILL FL 34609 84 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 signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 ☐ Change Addition DELETE 1.1 TITLE TITLE HALBERT, LOWELL G (PAST NAME 1.2 NAME 1.3 STREET ADDRESS 2407 GIMLET AVE STREET ADDRESS **SPRING HILL FL** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition 2.1 TITLE TITLE Tr. NARDELLI, PETER 2.2 NAME NAME 7400 SPRINGHILL DR STREET ADDRESS 2.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME **SPIEGEL**, JACK 3.2 NAME 10088 NORTHWIND CT STREET ADDRESS 3.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE SCHAUB, EUGENE 4.2 NAME NAME 7289 LOCHNESS CT. 4.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE **BLANCHARD, CHARLES** 5.2 NAME NAME 1454 NOBLETON AVE **5.3 STREET ADDRESS** STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 13 if changed, or on an attachment with an address.

ames Milligan

9225 Bunting

Brooksville

FILED

Mar 12 1998 8:00am

Secretary of State